

Virginia
Emergency Operations Plan
Influenza Pandemic Annex
(non-Health Component)



D R A F T

AUGUST 2007

RECORD OF CHANGES

TABLE OF CONTENTS

	<u>PAGE</u>
RECORD OF CHANGES	i
TABLE OF CONTENTS.....	ii
PURPOSE.....	3
MISSION	3
SITUATION AND ASSUMPTIONS.....	3
COMMITTEES ESTABLISHED TO GUIDE PLANNING PROCESS	5
CHARACTER OF HAZARD.....	5
RELATIONSHIP OF CONTINUITY OF OPERATIONS PLANS AND PANDEMIC FLU	6
ORGANIZATION	8
CONCEPT OF OPERATIONS	9
 TABS	
1 COOP-PAN FLU COMPARISON.....	10
2 VIRGINIA EMERGENCY OPERATIONS CENTER.....	13
3 EMERGENCY SUPPORT FUNCTIONS.....	14
4 HEALTH AUTHORITIES	17
5 WHO GLOBAL PANDEMIC PHASES STAGES FOR FEDERAL/STATE RESPONSE	19
6 SUMMARY OF COMMUNITY MITIGATION STRATEGY	20
7 AGENCY ACTION MATRIX.....	22
 APPENDICES – NON-HEALTH	
1 EDUCATION	28
2 CONTINUITY OF CRITICAL FUNCTIONS.....	35
3 SUSTAINMENT OF ECONOMY, TRADE AND BUSINESS	46
4 HUMAN RESOURCE MANAGEMENT.....	53
5 LAW ENFORCEMENT, PUBLIC SAFETY AND SECURITY	66
6 RESOURCE SUPPORT	69
7 PROTECTION OF WORKERS	73
8 AGRICULTURE AND FOOD.....	77
9 FOREIGN DIPLOMACY	113

PURPOSE

The Commonwealth's Influenza Pandemic Plan, which will be a component of the Virginia Emergency Operations Plan, addresses the Commonwealth's response to and recovery from an influenza pandemic in a comprehensive and coordinated manner to ensure essential services across all sectors of state government can be maintained throughout the event period, which may last as long as 18-24 months.

The Virginia Department of Health developed an Influenza Pandemic Plan in 2002, which was subsequently updated in 2006 and 2007. The VDH plan defines the health role in response to an influenza pandemic and provides planning guidance for local health departments, as well as healthcare and private-sector partners. The Virginia Department of Emergency Management coordinated the development of the non-health component of the Commonwealth's Influenza Pandemic Plan, which this document represents. **Sections of both the health and non-health components of the Commonwealth's Influenza Pandemic Plan were submitted to the U.S. Department of Health and Human Services/Centers for Disease Control and Prevention in March 2007 for their review and consideration. The plan will be finalized, combined into one document and integrated into the Virginia Emergency Operations Plan once comments and recommendations are received from HHS/CDC as well as any other state and federal agency partners who have participated in the development, review or exercising of the plan. This plan will be continuously updated and revised as new guidance becomes available.**

MISSION

To develop a comprehensive and coordinated strategy to an influenza pandemic that will mitigate the health, public safety, social, and economic impacts in the public and private sectors throughout the Commonwealth.

SITUATION AND ASSUMPTIONS

- A. Pre-event planning is critical to ensure a prompt and effective response to an influenza pandemic, as its spread will be rapid, reoccurring (in multiple waves), and difficult to stop once it begins.
- B. A pandemic disease outbreak may precipitate infection rates exceeding 25 percent in an affected population, with projected mortality rates as high as 2 percent among those infected.
- C. Workforce absenteeism may rise as high as 40 percent at the height of a given pandemic wave for periods of about two weeks.
- D. All essential operations and services within the public and private sector will be compromised in varying degrees throughout the response and recovery phases; however, proper planning and adequate resources may sustain essential operations/services and mitigate the effects of the event across all sectors (e.g., government, education, health, commerce and trade, critical infrastructure, etc.).

-
- E. Due to the universal susceptibility of the public to an influenza virus and the anticipated pervasive impact on all segments of society, the majority of the medical and non-medical consequences of the event will be addressed by the public and private sectors in the context of the existing emergency management framework, supporting infrastructure, available resources, and associated supply chains with marginal support from new or external parties.
 - F. Although technical assistance and support will be available through the federal government prior to, during, and following the event period, it will be limited in contrast to other natural and man-made events that impact a specific geographic area in a more defined, shorter, and nonrecurring timeframe.
 - G. A comprehensive and integrated strategy will require the involvement of all levels of government, the private sector, non-governmental organizations, and citizens.
 - H. At the state level, the Commonwealth's Emergency Operations Plan, which is in compliance with the National Response Plan and NIMS, will provide the framework to coordinate response and recovery operations and associated support to address the consequences of a pandemic disease outbreak.
 - I. Pandemic flu planning builds upon and enhances current continuity of operations and business planning initiatives in the public and private sectors, respectively, by developing and implementing strategies that provide management with the necessary tools and flexibility to quickly adapt to an environment where there is a reduced capacity to sustain essential operations, services, resource support, and critical infrastructure due to increased illness and death rates.
 - J. Although the Commonwealth is in the process of developing an inventory of antivirals adequate enough to treat the projected population that may be affected, there will be a significant and sustained increase in demand for medical services during each wave that will overwhelm the healthcare system and compromise the overall standard of care provided.
 - K. Vaccines will not be available for approximately six months following identification of the virus and will be in limited quantities when made available, necessitating the need to develop and implement a distribution plan.
 - L. Local and regional health infrastructure and associated resources will be quickly committed to providing the necessary treatment and supporting strategies to effectively respond to a potentially developing or actual event.
 - M. Non-pharmaceutical interventions, if applied in a timely manner, will play a significant role in mitigating the impacts of the disease at the local and state level.
 - N. Telecommunications connectivity may be limited.

COMMITTEES ESTABLISHED TO GUIDE PLANNING PROCESS

CPWG Pan Flu Subcommittee

The Office of Commonwealth Preparedness established the Commonwealth Preparedness Working Group Subcommittee in the fall of 2006 to develop an influenza pandemic plan to the Virginia Emergency Operations Plan that was more comprehensive in scope in terms of addressing non-health impacts of a pandemic event on the Commonwealth. The Committee, which is being chaired by the Virginia Department of Emergency Management, is comprised of representatives from a broad spectrum of agencies to include: Health, Office of Commonwealth Preparedness, Office of the Chief Medical Examiner, Education, State Council of Higher Education, Virginia Community College System, Human Resource Management, Virginia Information Technology, Commerce and Trade, Office of Attorney General, General Services, Agriculture and Consumer Services, Labor and Industry, Social Services, State Corporation Commission, Virginia State Police, Virginia Capitol Police, Transportation, Division of Consolidated Laboratories, Virginia National Guard, Corrections and Fire Programs.

Cabinet Pandemic Steering Committee

The Governor established a Cabinet Pandemic Steering Committee in January 2007 to oversee the overall pandemic flu planning initiative, as well as ensure that all sectors of state government were engaged in the planning process. A Cabinet-level exercise is scheduled in September 2007 to exercise this plan.

VDH Pandemic Influenza Advisory Committee

The Virginia Department of Health established a Pandemic Flu Advisory Committee to support the health planning process. The Committee, which includes representation from both the public and private sectors, provides input on a variety of issues in areas such as vaccine delivery, anti-viral medications, healthcare facilities, community transmission, etc.

CHARACTER OF THE HAZARD

Influenza pandemic occurs when a novel virus emerges that has the ability to infect and be transmitted between humans. The disease spreads rapidly, as humans have little or no immunity to the new strain of virus. The virus has the ability to mutate, which makes the development of an effective medical response more challenging. The virus spreads primarily by virus-laden droplets which are distributed as infected people cough, sneeze, or speak. Symptoms begin to appear 1-2 days following exposure. The rapid spread of the disease and the high level of absenteeism will have a significant impact on the social and economic fabric of communities, and essential services across all sectors will be compromised.

RELATIONSHIP OF CONTINUITY OF OPERATIONS PLANS AND PANDEMIC FLU PREPAREDNESS INITIATIVE

On February 8, 2006, Governor Kaine issued a Leadership Communiqué requesting “. . . agencies reevaluate their Continuity of Operations Plans (COOPs) to determine if any further planning needs to take place should agencies need to operate with a much-reduced workforce. Agencies will want to consider the multiple challenges they would face if an influenza pandemic strikes, or any event that could impact a large percentage of the workforce. Every effort should be made to assure that state government could keep functioning in a large infectious disease outbreak or epidemic situation.”

This Leadership Communiqué built upon two previous Executive Orders that dealt with COOP plan development, as well as the updating and exercising of those plans. Executive Order Number 7, issued in 2002, directed all state agencies to develop and update plans that addressed Continuity of Operations. This was followed by Executive Order 69 issued in May 2004 requiring all executive branch agencies to exercise and test their COOP plans prior to September 1, 2005.

On January 12, 2007, the Governor issued Executive Order 44 establishing a number of preparedness initiatives in state government. The Executive Order directed all executive branch agencies, including institutions of higher education, “to include emergency preparedness planning, training, and promotion as a core component of their mission.” The Executive Order promotes a “Culture of Preparedness” within the Commonwealth by directing each agency to maintain a continuing program to encourage individual preparedness. In addition, each executive-branch agency is required to include emergency preparedness in its strategic planning and performance management process pursuant to guidelines promulgated by the Assistant to the Governor for Commonwealth Preparedness.

The Office of Commonwealth Preparedness is tasked in Executive Order Number 44 to conduct an annual preparedness assessment of executive-branch agencies to gauge their level of preparedness. All executive-branch agencies are required to update their emergency plans and procedures, as well as certify that appropriate employees have completed National Incident Management System, Incident Command System, or other appropriate training.

The Executive Order also directs all executive-branch agencies to develop or update their COOP plans in conformance with a template that will be produced by the Virginia Department of Emergency Management. An annual review of all COOP plans will be conducted by the Office of Commonwealth Preparedness and the Virginia Department of Emergency Management, and an annual report will be prepared and submitted to the Governor.

The Virginia Department of Emergency Management was tasked in 2005, under Title 44-145.18 of the Code of Virginia, with providing guidance and assistance to state agencies and local governments in the development and maintenance of COOP programs, planning, and systems. The Virginia Department of Emergency Management developed a COOP Planning Manual to assist state agencies and local governments in their plan development. In addition, VDEM and the Office of Commonwealth Preparedness established a COOP Steering Committee to guide the process and provide a forum to discuss the various issues and challenges associated with the development, implementation, and maintenance of an effective program. To facilitate the delivery of program guidance to local and state partners, VDEM developed a COOP Toolkit, which is accessible through its Website. The toolkit includes a COOP planning manual,

worksheets, a plan template, training slides and videos, information regarding the COOP steering committee, as well as potential funding sources. Plans have been developed and reviewed for the 45 Virginia Emergency Response Team agencies. The balance of the executive-branch agency plans will be developed and reviewed in the next planning cycle. In addition, standards are currently being developed to ensure a uniform plan format that will facilitate the plan review process. In addition, standards are currently being developed to ensure a uniform plan format that will facilitate the plan review process.

Although COOP plans do address the key elements necessary to sustain essential services in most natural and man-made events, an influenza pandemic will present some unique challenges to all levels of government, business and industry, and society as a whole when it does occur. These challenges are summarized in Tab 1. However, in fulfilling the objectives of Leadership Communiqué issued in February 2006, and Executive Orders 7, 69 and 44 summarized above, the Commonwealth's level of preparedness and capability to sustain essential services in all-hazards, to include an Influenza Pandemic, will be greatly enhanced.

CITIZEN PREPAREDNESS

Public education efforts by the Virginia Department of Emergency Management involve print, online, and face-to-face communication strategies. The Virginia Department of Emergency Management Website receives an average of 91,870 visitors per month with peaks of more than 100,000 at times. It provides guidance and other Website links to assist citizens in preparing for disasters and supports a variety of community emergency preparedness and response activities. The Website encourages citizen preparedness by providing information on the following: Family Disaster Planning, Disaster Supply Kits, Prepare Your Home, Special Needs, Animal Safety Plan, and the Emergency Alert System. The Website includes links to HHS/CDC to provide the necessary information and guidance to citizens regarding what they need to do to be prepared in the event of an influenza pandemic.

The Website also provides information on a variety of programs that citizens can become a part of to support community preparedness and response activities. Some of the programs highlighted on the Website are the Community Emergency Response Team, Neighborhood Watch Program, Public Safety Volunteers in Virginia, Medical Reserve Corps, Fire Corps, and Volunteers in Police Service. The site also serves as the hub for three annual public education campaigns. VDEM representatives also conduct media tours and hold press conferences with local partners to spread the word to the public about preparedness. VDEM also helped the Virginia Municipal League and the Virginia Association of Counties to create the Elected Officials' Guide to Emergencies and Disasters.

In addition to the Website and public education campaigns, VDEM increases public preparedness through its training, seminars, and annual conference. The Basic Public Information Officer class improves public education through better-informed Public Information Officers at the local level, to include nonprofit and volunteer organizations. VDEM offers the class three times a year throughout the state. VDEM also cosponsors the Community Based Emergency Response Seminar: "Preparing for All Abilities" with the Virginia Department of Health, the Virginia Department for the Deaf and Hard of Hearing, and the disAbility Resource Center. The seminars provide a forum for emergency managers, first responders and those with

special needs to exchange information, as well as build and strengthen partnerships to plan for all emergency events, including pandemic influenza. The Virginia Department of Emergency Management and Virginia Citizen Corps cosponsor the annual Virginia Public Safety Outreach Conference. In 2006, more than 225 local, state, federal, non-profit and private-sector representatives, and Citizen Corps members attended the conference in Richmond, Virginia. The Conference focused on the Department of Homeland Security concept of regional partnerships and how Virginia can solve emergency planning and response challenges through regional cooperation.

EMERGENCY PUBLIC INFORMATION

Emergency public information in an influenza pandemic will be handled through Emergency Support Function (ESF) 15, External Affairs, as in any other disaster event. The Public information mission includes: Making the public aware of potential emergency situations and appropriate protective actions; keeping the public informed about an ongoing emergency or disaster situation, and provide protective action guidance as appropriate; keeping public officials—including elected officials—informed of the processes of coordinating the response to and facilitating the recovery from emergencies and disasters.

During Normal Operations, the VDEM Public Information Officer coordinates with the news media, localities, and others as needed to promote emergency preparedness. During an emergency or disaster situation, the PIO is responsible for establishing and coordinating a central Joint Information Center (JIC) at the state level for receiving and disseminating information to the public. Designated state agencies will be asked to provide qualified personnel to augment the staff at the JIC. The PIO will report directly to the State Coordinating Officer. In the event of a major disaster where a Presidential Declaration is received, the PIO will work with DHS/FEMA/HHS to expand the JIC to include the appropriate federal staff. The PIO will be responsible for establishing and managing the Virginia Public Inquiry Center (VPIC) to facilitate the direct dissemination of information to the public. The PIO will be responsible for the Legislative liaison function to facilitate the dissemination of information to elected officials. In a Joint Field Office, the PIO will manage the External Affairs section that includes the JIC, community relations, and legislative liaison functions. The PIO will report directly to the State Coordinating Officer (SCO).

ORGANIZATION

An influenza pandemic will require a comprehensive, coordinated, and sustained response over an extended period of time lasting 18-24 months. Response operations will be coordinated from the Virginia Emergency Operations Center which is structured around 17 Emergency Support Functions (see Tabs 2 and 3). Emergency Support Function 16, Defense Support to Civil Authorities, was established in FY 2006 to enhance the military-civilian interface and coordination in regard to missions assigned. ESF 17 was established in 2007 to more effectively manage volunteers and donations.

These ESFs have the capability to quickly marshal resources, technical skills, and expertise from a broad spectrum of sectors within, and external to, the Commonwealth, to include private-sector and nongovernmental organization partners. This organizational framework provides the

Commonwealth with the necessary flexibility to quickly respond to all types of disasters, as well as adapt to the ever-changing disaster conditions.

CONCEPT OF OPERATIONS

Declaration of State of Emergency

In order to mobilize the necessary resources to respond to an influenza pandemic, the Governor will declare a State of Emergency through the issuance of an Executive Order. The projected impact of an influenza pandemic on local and state government will necessitate a request for federal assistance.

Public Health Authorities

The State Health Commissioner and the Board of Health have the authority under the Code of Virginia to take the necessary actions to protect the public health. A summary of the authorities is provided in Tab 4.

Coordination of Response Operations

The Virginia Emergency Operations Center, with the support of Virginia Emergency Response Team (VERT) agencies and associated Emergency Support Functions, will coordinate the response activities and associated logistical support in the context of the priorities established, resources available, and the needs and challenges presented by the event across all sectors.

The Virginia Department of Emergency Management will also be responsible for monitoring state government operations and critical infrastructure/key resource sectors in regard to their capability to sustain essential services and provide adequate resource support throughout the influenza pandemic event period. Continuity of Critical Functions is addressed in greater detail in Appendix 3.

Tab 1

COOP-PAN FLU COMPARISON

COOP	PAN FLU
<ul style="list-style-type: none">▪ Dealing with a more defined disaster impact area and time period	<ul style="list-style-type: none">▪ General impact with recurring episodes
<ul style="list-style-type: none">▪ Planning period – 30 days	<ul style="list-style-type: none">▪ Planning period – 18 months
<ul style="list-style-type: none">▪ Moving people/resources out of harm's way is a viable strategy in most cases	<ul style="list-style-type: none">▪ Limited movement/travel coupled with social distancing are key strategies
<ul style="list-style-type: none">▪ Primary facilities/associated operations can be shifted to alternate sites	<ul style="list-style-type: none">▪ Many more alternate worksites involved requiring support
<ul style="list-style-type: none">▪ Resource support from outside impact area more readily available	<ul style="list-style-type: none">▪ Resource support compromised at all levels
<ul style="list-style-type: none">▪ Components of critical infrastructure are physically damaged which impacts services and associated systems	<ul style="list-style-type: none">▪ Critical infrastructure impacted by lack of personnel and maintenance rather than physical damage
<ul style="list-style-type: none">▪ Worker safety issues more easily addressed	<ul style="list-style-type: none">▪ Greater challenges in ensuring worker safety—potentially more severe consequences

Virginia Department of Health

The Virginia Department of Health will be the lead agency in regard to addressing all health and medical issues and needs related to the influenza pandemic and providing the necessary guidance to responders, government agencies, businesses, and citizens throughout the Commonwealth. The Virginia Department of Health developed a Pandemic Influenza Plan in 2002 and subsequently revised the plan in March 2006 to reflect the most current guidance provided by Health and Human Services (HHS). The VDH plan and this plan, which focuses on the non-health sectors, represent the Commonwealth's overall plan to respond and recover from an influenza pandemic outbreak.

Phases/Stages of Influenza Pandemic

The Virginia Department of Health is continuously monitoring the types, frequency, and character of outbreaks that are occurring in the international community, in coordination with its federal partners. The World Health Organization has developed and refined Pandemic Influenza Phases, which are illustrated in Tab 5, that provide a framework to characterize the progression of the transmission that will be experienced during the course of an event. The world is currently at Phase 3, where there have been human infection(s) with a new subtype, but no human-to-human spread or—at most—rare instances of spread to a close contact. Sustained human-to-human transmission, Phase 6, will trigger the implementation of plans and mobilization of resources in an attempt to contain and mitigate the effects of the event on the world community. The federal government developed stages associated with the WHO Global Pandemic Phases to facilitate federal agency planning process. These are also illustrated in Tab 5. The state will use the framework of the federal government stages to enhance the coordination of response initiatives between the levels of government. A summary of state agency actions in the context of the federal government stages are illustrated in Tab 7.

Community Strategy for Pandemic Influenza Mitigation – Interim Guidance

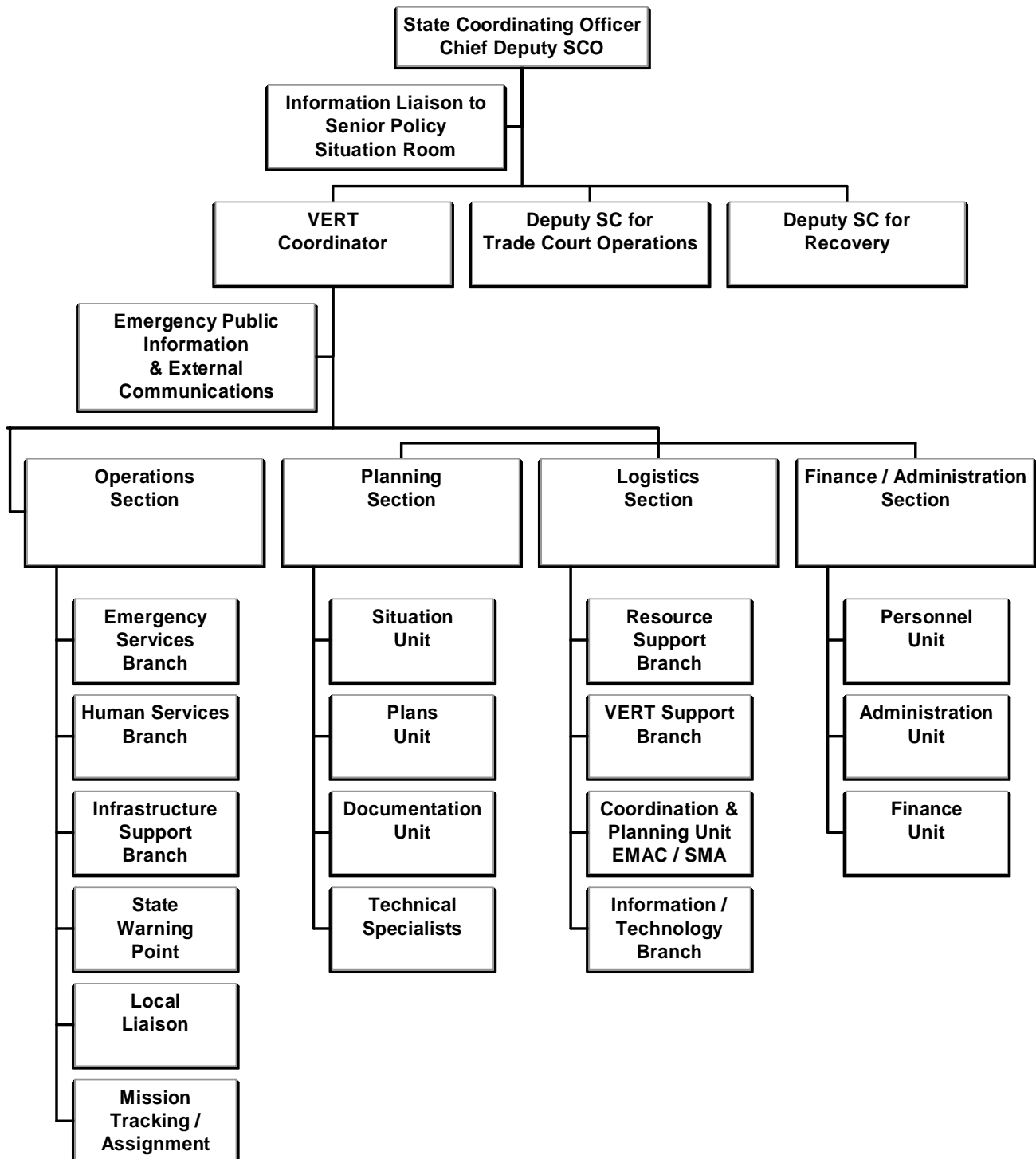
In addition, the U.S. department of Health and Human Services and the CDC developed interim planning guidance in regard to the application and timing of non-pharmaceutical interventions for states and local governments in February 2007. This guidance supports the development and implementation of a community's overall mitigation strategy that includes both pharmaceutical and non-pharmaceutical measures, in the context of a Pandemic Severity Index (See Tab 6). The Pandemic Severity Index provides a framework that integrates the types of partially effective non-pharmaceutical interventions with suggested implementation and duration times in an attempt maximize the overall benefit to the community, while minimizing the potential cascading consequences of implementing recommended interventions. The PSI uses a case fatality ratio as the critical factor in categorizing the severity of a pandemic. This tool will serve as a guide in discussions with schools, colleges and universities, and other community sectors and support the timely development and implementation of an effective local, regional, and state strategy in the context of an estimated level of severity. The interventions that comprise the pandemic mitigation strategy include the following:

1. Isolation and treatment (as appropriate) with influenza antiviral medication of all persons with confirmed or probable pandemic influenza. Isolation may occur in the home or

- healthcare setting, depending on the severity of an individual's illness and/or the current capacity of the healthcare infrastructure.
2. Voluntary home quarantine of members of households with confirmed or probable influenza case(s) and consideration of combining this intervention with the prophylactic use of antiviral medications, providing sufficient quantities of effective medications exist and that a feasible means of distributing them is in place.
 3. Dismissal of students from school (including public and private schools as well as colleges and universities) and school-based activities and closure of childcare programs, coupled with protecting children and teenagers through social distancing in the community to achieve reductions of out-of-school social contacts and community mixing.
 4. Use of social distancing measures to reduce contact between adults in the community and the workplace in order to decrease social density and preserve a healthy workplace to the greatest extent possible without disrupting essential services (e.g., cancellation of large public gatherings; alteration of workplace environments and schedules; and implementation of remote access/telecommute strategies. Enable institution of workplace leave policies that align incentives and facilitate adherence with the non-pharmaceutical interventions (NPIs) outline above.

The guidance recognizes that the connectedness of communities goes beyond spatial proximity to include ease, speed, and volume of travel between geopolitical jurisdictions. To balance the relationship of connectedness and optimal timing, the guidance proposes that the geopolitical trigger be defined as the cluster of cases occurring within a U. S. state or proximate epidemiological region which spans beyond a state's boundary. The Community Strategy for Pandemic Influenza Mitigation can be found at the following website: <http://www.pandemicflu.gov/plan/community/commitigation.html>.

Tab 2

VIRGINIA EMERGENCY OPERATIONS CENTER

Tab 3

EMERGENCY SUPPORT FUNCTIONS

ESF	Scope
ESF #1 – Transportation Primary – Transportation Support – Aviation, Chesapeake Bay Bridge-Tunnel, General Services, Military Affairs, Mines, Minerals & Energy, Motor Vehicles, Rail & Public Transportation, State Police, Virginia Port Authority, Civil Air Patrol	<ul style="list-style-type: none"> • State and civil transportation support • Transportation Safety • Restoration/recovery/reconstruction of transportation infrastructure • Movement restrictions • Damage and impact assessment
ESF #2 – Communications Primary – Information Technology Support – Aviation, Conservation and Recreation, Emergency Management, Forestry, General Services, Military Affairs, State Police, Transportation, amateur radio operators	<ul style="list-style-type: none"> • Coordination with telecommunications industry • Restoration/repair of telecommunications infrastructure • Protection, restoration, and maintenance of state cyber and information technology resources
ESF #3 – Public Works and Engineering Primary – Military Affairs Support – Conservation and Recreation, Environmental Quality, Forestry, General Services, Mines, Minerals and Energy, Transportation, Emergency Management	<ul style="list-style-type: none"> • Infrastructure protection and emergency repair • Damage and impact assessment • Infrastructure restoration and reconstruction • Engineering services, construction management • Critical infrastructure liaison • Recovery infrastructure assistance
ESF #4 – Firefighting Primary – Fire Programs, Forestry Support – Conservation and Recreation, Environmental Quality, Military Affairs, State Police	<ul style="list-style-type: none"> • Firefighting activities on state lands • Resource support to rural and urban firefighting operations
ESF #5 – Emergency Management Primary – Emergency Management Support – Forestry, Environmental Quality, Military Affairs	<ul style="list-style-type: none"> • Coordination of incident management efforts • Issuance of mission assignments • Resource and human capital • Financial management
ESF #6 – Mass Care, Housing, and Human Services Primary – Social Services, Support – American Red Cross, Criminal Justice Services, Education, Emergency Management, Health, Housing and Community Development, Mental Health, Virginia VOAD, Criminal Injuries Compensation Fund (Workers Comp. Commission), VCCS, SCHEV (colleges and universities)	<ul style="list-style-type: none"> • Mass care and sheltering • Temporary housing • Repair and restoration of housing • Human services • Recovery assistance to individuals & households
ESF #7 – Resource Support Primary – Emergency Management Support – Agriculture, Aviation, Corrections, Criminal Justice Services, Fire Programs, Forestry, General Services, Health, Housing and Community Development, Military Affairs, Motor Vehicles, SCHEV/VCCS (colleges and universities), State Police, Transportation	<ul style="list-style-type: none"> • Resource Support (facility space, office equipment and supplies, contracting services, etc.)
ESF #8 – Health and Medical Services	<ul style="list-style-type: none"> • Public health services

Primary – Health Support – Agriculture, American Red Cross, General Services, Health Professions, Mental Health, Military Affairs	<ul style="list-style-type: none"> • Medical services • Mental health services • Mortuary services
ESF #9 – Search and Rescue Primary – Emergency Management Support – State Police, Fire Programs, Forestry, Military Affairs, Civil Air Patrol	<ul style="list-style-type: none"> • Life-saving assistance • Search and rescue
ESF #10 – Oil and Hazardous Materials Response Primary – Emergency Management, Environmental Quality Support – Health, Labor and Industry, Military Affairs	<ul style="list-style-type: none"> • Oil & hazardous materials (chemical, biological, radiological, etc.) response • Environmental safety and short- and long-term clean • Health and safety of emergency workers
ESF #11 – Agriculture, Natural and Cultural Resources Primary – Agriculture Support – Conservation and Recreation, Forestry, Marine Resources, Historic Resources, Game and Inland Fisheries, Health	<ul style="list-style-type: none"> • Nutrition assistance • Animal and plant disease/pest response • Food safety and security • Natural & cultural resources protection & restoration • Historic properties protection and restoration • Animal care and control (pets, livestock, wildlife)
ESF #12 – Energy Primary – State Corporation Commission Support – Emergency Management, Information Technology, Mines, Minerals & Energy	<ul style="list-style-type: none"> • Energy infrastructure assessment, repair, and restoration • Energy industry utilities coordination • Energy forecast
ESF #13 – Public Safety and Security Primary – State Police Support – Conservation & Recreation, Corrections, Criminal Justice Services, Forestry, Game and Inland Fisheries, Labor and Industry, Marine Resources, Military Affairs	<ul style="list-style-type: none"> • Facility and resource security • Security planning; technical and resource assistance • Public safety/security support • Support to access, traffic, and crowd control • Health and safety of disaster workers
ESF #14 – Community Recovery Primary – Short Term: Emergency Management Long Term: Economic Crisis Strike Force (Secretary of Commerce and Trade) Support – Emergency Management, Housing and Community Development, Corrections, Mental Health, Social Services, Virginia Employment Commission, State Corporation Commission, Virginia VOAD	<ul style="list-style-type: none"> • Social and economic impact assessment • Partner with FEMA and SBA for short term federal disaster assistance programs • Long-term community recovery assistance to local governments and the private sector • Coordination of COV role in the reconstruction and redevelopment of impacted areas • Mitigation analysis and program implementation
ESF #15 – External Affairs Primary – Emergency Management Support – Fire Programs, Forestry, Health, Military Affairs, State Police, Transportation	<ul style="list-style-type: none"> • Emergency public information and protective action guidance • Incident information to the public • Media and community relations • Elected officials liaison
ESF #16 – Defense Support to Civil Authorities Primary – Military Affairs Support – Army National Guard, Air National Guard, Virginia State Defense Force, Naval Militia, Civil Air Patrol	<ul style="list-style-type: none"> • Translate civilian missions into military missions • Provide military resources • Plan, coordinate, and control mission assignments and utilization of Virginia Militia (Code §44-1) and other military forces of supporting states.
ESF #17 – Volunteer and Donations Management	<ul style="list-style-type: none"> • Coordination of donated resources

Primary – Emergency Management

Support – Virginia Office of Volunteer and Community
Service; Virginia Volunteer Centers; Virginia Citizens Corps
Program; Virginia Voluntary Organizations Active in
Disasters; Adventist Community Services

- Liaison with volunteer organizations
-

Tab 4

HEALTH AUTHORITIES**Reporting of Disease (32.1-35; 32.1-36; 32.1-37)**

- Requires reporting of selected diseases to the Board of Health by physicians practicing in Virginia and others, such as laboratory directors, or persons in charge of any medical care facility, school or summer camp.

Investigation of Disease (32.1-39)

- Authorizes the Board of Health to provide for surveillance and investigation of preventable diseases and epidemics, including contact tracing

Authority to Examine Records (32.1-40; 32.1-48.015)

- Authorizes the Commissioner or his designee to examine medical records in the course of investigation, research, or studies, including individuals subject to an order of isolation or quarantine

Emergency Orders and Regulations (32.1-13; 32.1-42; 32.1-20)

- Authorizes the Board of Health to make orders and regulations to meet any emergency for the purpose of suppressing nuisances dangerous to the public health and communicable, contagious, and infectious diseases and other dangers to public life and health.
- Authorizes the Commissioner to act with full authority of the Board of Health when it is not in session

Disease Control Measures (32.1-43; 32.1-47; 32.1-48)

- Authorizes the Commissioner to require quarantine, isolation, immunization, decontamination, and/or treatment of any individual or group of individuals when the Commissioner determines these measures are necessary to control the spread of any disease of public health importance.
- Permits the Commissioner to require immediate immunization of all persons in the event of an epidemic; permits the exclusion from public or private schools of children not immunized for a vaccine-preventable disease in the event of an epidemic.

Isolated or Quarantined Persons (32.1-44)

- Permits any isolated or quarantined person to choose their own treatment, whenever practicable and in the best interest of the health and safety of the isolated or quarantined person and the public.
- However, conditions of any order of isolation or quarantine remain in effect until the person or persons subject to an order of quarantine or order of isolation shall no longer constitute a threat to other persons.

Isolation or Quarantine of Persons with Communicable Disease of Public Health (32.1-48.05 through 32.1-48.017)

- Defines a communicable disease of public health threat as a communicable disease of public health significance coinciding with exceptional circumstances.
- Authorizes the Commissioner to issue orders of isolation or quarantine for individuals or groups of individuals infected with or exposed to a communicable disease of public health threat.
- Outlines conditions necessary for invoking orders, process for seeking *ex parte* court review in the circuit court of residence, and appeal process.
- Authorizes the Commissioner, during a state of emergency, to define an affected area (s) wherein individuals are subject to an order of isolation and/or quarantine.
- Authorizes the Commissioner, in concert with the Governor, during a state of emergency to require the use of any public or private property to implement any order of quarantine or order of isolation. Outlines accommodations for occupants of property not subject to the order(s) and compensation.

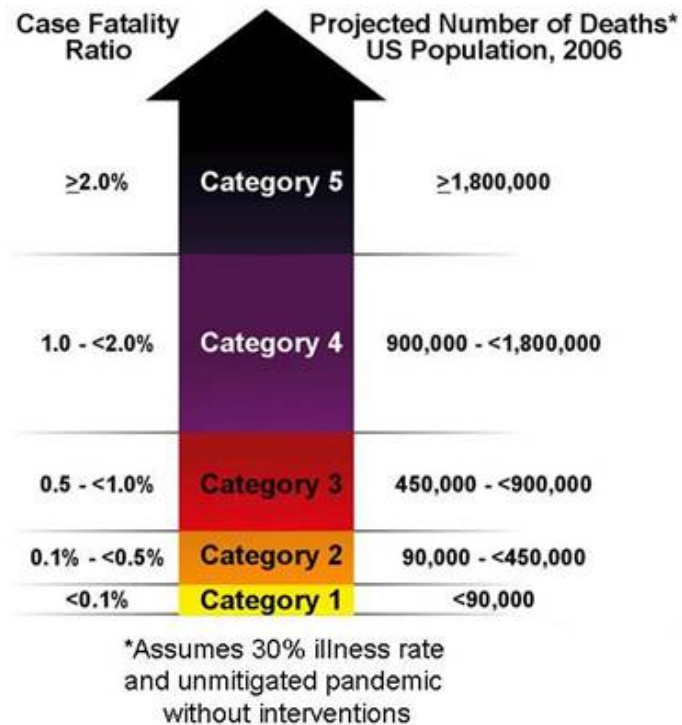
Tab 5

**WHO GLOBAL PANDEMIC PHASES AND THE
STAGES FOR FEDERAL AND STATE GOVERNMENT RESPONSE**

WHO PHASES		FEDERAL AND STATE GOVERNMENT RESPONSE STAGES	
INTER-PANDEMIC PERIOD			
1	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human disease is considered to be low.	0	New domestic animal outbreak in at-risk country
2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.		
PANDEMIC ALERT PERIOD			
3	Human infection(s) with a new subtype but no human-to-human spread or, at most, rare instances of spread to a close contact.	0	New domestic animal outbreak in at-risk country
		1	Suspected human outbreak overseas
4	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.	2	Confirmed human outbreak overseas
5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).		
PANDEMIC PERIOD			
6	Pandemic phase: Increased and sustained transmission in general population.	3	Widespread human outbreaks in multiple locations overseas
		4	First human case in North America
		5	Spread throughout United States
		6	Recovery and preparation for subsequent waves

Tab 6

SUMMARY OF THE COMMUNITY MITIGATION STRATEGY BY PANDEMIC SEVERITY INDEX



Interventions* by Setting	Pandemic Severity Index		
	1	2 and 3	4 and 5
Home			
Voluntary isolation of ill at home (adults and children); combine with use of antiviral treatment as available and indicated	Recommend†§	Recommend†§	Recommend †§
Voluntary quarantine of household members in homes with ill persons¶ (adults and children); consider combining with antiviral prophylaxis if effective, feasible, and quantities sufficient	Generally not recommended	Consider**	Recommend **
School			
Child social distancing			
-dismissal of students from schools and school based activities, and closure of child care programs	Generally not recommended	Consider: ≤4 weeks††	Recommend: ≤12 weeks§§
-reduce out-of school social contacts and community mixing	Generally not recommended	Consider: ≤4 weeks ††	Recommend: ≤12 weeks§§
Workplace / Community			
Adult social distancing			
-decrease number of social contacts (e.g., encourage teleconferences, alternatives to face-to-face meetings)	Generally not recommended	Consider	Recommend
-increase distance between persons (e.g., reduce density in public transit, workplace)	Generally not recommended	Consider	Recommend
-modify, postpone, or cancel selected public gatherings to promote social distance (e.g., stadium events, theater performances)	Generally not recommended	Consider	Recommend
-modify work place schedules and practices (e.g., telework, staggered shifts)	Generally not recommended	Consider	Recommend

Generally Not Recommended = Unless there is a compelling rationale for specific populations or jurisdictions, measures are generally not recommended for entire populations as the consequences may outweigh the benefits.

Consider = Important to consider these alternatives as part of a prudent planning strategy, considering characteristics of the pandemic, such as age-specific illness rate, geographic distribution, and the magnitude of adverse consequences. These factors may vary globally, nationally, and locally.

Recommended = Generally recommended as an important component of the planning strategy.

*All these interventions should be used in combination with other infection control measures, including hand hygiene, cough etiquette, and personal protective equipment such as face masks. Additional information on infection control measures is available at <http://www.pandemicflu.gov/>.

†This intervention may be combined with the treatment of sick individuals using antiviral medications and with vaccine campaigns, if supplies are available

§Many sick individuals who are not critically ill may be managed safely at home

¶The contribution made by contact with asymptomatically infected individuals to disease transmission is unclear. Household members in homes with ill persons may be at increased risk of contracting pandemic disease from an ill household member. These household members may have asymptomatic illness and may be able to shed influenza virus that promotes community disease transmission. Therefore, household members of homes with sick individuals would be advised to stay home.

**To facilitate compliance and decrease risk of household transmission, this intervention may be combined with provision of antiviral medications to household contacts, depending on drug availability, feasibility of distribution, and effectiveness; policy recommendations for antiviral prophylaxis are addressed in a separate guidance document.

††Consider short-term implementation of this measure—that is, less than 4 weeks.

§§Plan for prolonged implementation of this measure—that is, 1 to 3 months; actual duration may vary depending on transmission in the community as the pandemic wave is expected to last 6-8 weeks.

Tab 7

AGENCY ACTION MATRIX

AGENCY	Stage 1 – Suspected Human Outbreak Overseas	Stage 2 - Confirmed Human Outbreak Overseas	Stage 3 – Widespread Outbreaks Overseas	Stage 4 – First Human-to-Human Case in North America	Stage 5 – Spread throughout U.S.	Stage 6 – Recovery/ Preparation for Subsequent Waves
ALL AGENCIES	<ul style="list-style-type: none"> Develop, exercise, refine COOP/EM Plans w/Pan Flu Provide education/training Develop communications plan Review resource inventories and sustainability of supply chains 	<ul style="list-style-type: none"> Continually brief agency staff Review plans Reinforce contact/transmission strategies Review resource inventories Pre-deploy assets as appropriate 	<ul style="list-style-type: none"> Review COOP plans Place essential staff on recall Reach out to critical infrastructure providers to ensure COOP plans in place Review resource inventories Reinforce protective measures 	<ul style="list-style-type: none"> Activate COOP/pan flu plans across all levels Limit non-essential domestic travel Maintain overall situational awareness Begin monitoring absenteeism Implement protective measures 	<ul style="list-style-type: none"> Maintain overall situational awareness Limit non-essential domestic travel Monitor absenteeism Implement protective measures Sustain essential services 	<ul style="list-style-type: none"> Assess impact on agency personnel/essential services Adjust plans based on lessons learned Replenish critical resources Prepare for subsequent waves
AGRICULTURE	<ul style="list-style-type: none"> Review/update Avian Flu Plan Monitor/respond to avian flu outbreaks Develop prioritized list of essential functions as part of COOP to ensure safety of meat, poultry, egg products Develop protocols for maintaining essential functions Develop plans for collecting/communicating status of inspected establishments Develop comms plan to interface with federal partners 	<ul style="list-style-type: none"> Continue surveillance of agricultural sector Continue to provide technical assistance and support to agricultural community Respond as necessary Continue to interface with local, state, and federal partners Continue to conduct inspections to ensure food safety and security 	<ul style="list-style-type: none"> Continue surveillance of agricultural sector Continue to provide technical assistance and support to agricultural community/ports of entry Continue to conduct inspections to ensure food safety and security Continue to interface with local, state, and federal partners Review COOP Plan/alert staff 	<ul style="list-style-type: none"> Begin monitoring agency absenteeism Disseminate health/safety measures to employees Recommend protective measures to sectors Activate COOP Maintain critical services Implement Comms Plan Support JIC/Public Information 	<ul style="list-style-type: none"> Continue implementation of COOP plan Maintain essential functions/Services Continue to implement Comms Plan Continue monitor agricultural sector Support resource needs as feasible Continue to support JIC/Public Information 	<ul style="list-style-type: none"> Conduct assessment of impact on sector Coordinate natural disaster assistance from USDA Provide technical assistance/guidance to farmers to obtain assistance

FOR OFFICIAL USE ONLY - LIMITED DISTRIBUTION

COMMERCE & TRADE	<ul style="list-style-type: none"> • Develop long-term recovery process/plans in coordination with support agencies • Develop COOP and Communication Plans to ensure capability to maintain essential services • Exercise Plans 	Same as All Agencies Above	Same as All Agencies Above	<ul style="list-style-type: none"> • Activate COOP plans/Alert essential staff • Monitor staff absenteeism/availability • Ensure availability of adequate resources to sustain critical operations/ services • Continue to disseminate preparedness/prevention information/guidance to staff • Implement alternate means of providing services • Maintain coordination/ communications with resource providers/ agency partners 	<ul style="list-style-type: none"> • Continue to provide services/support through traditional and alternative methods • Monitor staff absenteeism/availability • Ensure availability of adequate resources to sustain critical operations/ services • Continue to disseminate preparedness/prevention information/guidance to staff • Maintain coordination/communications with resource providers/ agency/private-sector partners 	<ul style="list-style-type: none"> • Assess impact of incident and support from available programs and resources of state/federal agencies • Assist in comprehensive recovery of communities impacted
EDUCATION	<ul style="list-style-type: none"> • Develop guidance for public schools to develop IP Plans/procedures • Develop comms plan • Develop plan to support coordination of education sector response and recovery operations during event • Incorporate IP event into agency COOP 	<ul style="list-style-type: none"> • Continually review/update planning guidance • Continually promote and provide technical assistance in development of COOP/Pan Flu plans • Disseminate health guidance/updates as necessary 	<ul style="list-style-type: none"> • Review COOP/Pan Flu/Comms Plans Alert/Brief staff • Disseminate appropriate preparedness information/guidance to students/parents in coordination with VDH • Reinforce good hygiene practices and protective measures • Coordinate with resource providers • Establish framework to monitor school status of operations/absenteeism on daily basis 	<ul style="list-style-type: none"> • Activate plans • Begin monitoring status of school operations/absenteeism • Brief staff • Continue to disseminate preparedness/prevention information/guidance to staff, parents, students • Implement the appropriate protective measures • Continue to coordinate with resource providers • Coordinate regional conference calls to develop consistent response strategy • Maintain situational awareness 	<ul style="list-style-type: none"> • Continue to monitor status of school operations/ absenteeism • Continue to disseminate preparedness/prevention information/guidance to staff, parents, students • Implement the appropriate protective measures/ consider school closures in coordination w/community • Continue to coordinate with resource providers • Continue to coordinate regional conference calls to develop consistent response strategy • Continue to maintain situational awareness 	<ul style="list-style-type: none"> • Assess impact on schools • Adjust plans based on lessons learned • Evaluate feasibility of resuming school activities • Check status of supply chain and replenish critical resources • Prepare for subsequent waves • Continue to monitor school operations • Continue to stress preventive/preparedness measures to staff, students and parents
EMERGENCY MANAGEMENT	<ul style="list-style-type: none"> • Develop, exercise, refine COVEOP Pan Flu Annex • Review resource needs/inventory/vendors • Prepare to support 	<ul style="list-style-type: none"> • Support implementation of tiered screening measures at entry points 	<ul style="list-style-type: none"> • Declare a state of emergency • Advise public to plan to reduce non-essential domestic travel once 	<ul style="list-style-type: none"> • Activate COOP/Pan Flu Plan • Alert/Brief Staff • Monitor state operations/absenteeism 	<ul style="list-style-type: none"> • Maintain situational awareness of community/agency needs • Provide support in context of resources 	<ul style="list-style-type: none"> • Assess impacts in all sectors • Adjust plans based on lessons learned • Replenish critical

	implementation of travel restrictions <ul style="list-style-type: none"> ♦ Emphasize preparedness at all levels/sectors ♦ Public education campaign Provide technical assistance/support to agencies in regard to COOP		epidemic hits U.S. <ul style="list-style-type: none"> ♦ Augment VEOC ♦ Implement protective measures ♦ Establish Joint Information Center ♦ Establish Joint Public Inquiry Center ♦ Review COOP plan, coordinate with supply chain providers ♦ Maintain dialogue with local, state, federal and private partners 	<ul style="list-style-type: none"> ♦ Ensure adequate resources available to maintain critical services ♦ Continue to provide technical assistance/support to agencies and communities ♦ Continue to coordinate with local, state, and federal partners ♦ Limit non-essential passenger travel in affected areas ♦ Continue to disseminate preparedness/prevention information/guidance to staff, parents, students ♦ Implement protective measures/social distancing ♦ Provide guidance to public Continue to support VEOC, JFO, JPIC	available/priorities <ul style="list-style-type: none"> ♦ Maintain civil order ♦ Support CI/availability of KR 	resources <ul style="list-style-type: none"> ♦ Prepare for subsequent waves ♦ Coordinate recovery/assistance programs
FIRE PROGRAMS	<ul style="list-style-type: none"> ♦ Review current agency COOP plan and roster of key personnel who may be assigned support positions in VERT or other operational assignments, update as needed. ♦ Provide staff update training and current situation information. ♦ Develop information advisories for dissemination to local fire-rescue organizations ♦ Identify/confirm access and availability for basic health/medical PPE vendors who provide materials for agency staff and local fire-rescue 	<ul style="list-style-type: none"> ♦ Continue to provide agency staff and stakeholders with briefings on situation ♦ Continue assessing plans and personnel availability Review and reinforce transmission prevention procedures for staff ♦ Coordinate with other agencies for continued development and dissemination of information advisories for stakeholders ♦ Identify regional (Division) receive, 	<ul style="list-style-type: none"> ♦ Continue actions from Stages 1 and 2 above ♦ Test planning communications and networking systems for internal and external use ♦ Prepare database and log system for monitoring localities' issues relative to absenteeism, illnesses and personnel resource needs ♦ Establish and disseminate guidance relative to personnel resource sharing, mutual aid and related issues including 	<ul style="list-style-type: none"> ♦ Continue actions from Stages 1,2 and 3 above ♦ If necessary, distribute/deploy communications hardware to Division offices or other designated locations, test operability ♦ Conduct final reviews and formalize guidance for personnel sharing, mutual aid credentialing, cost sharing etc. ♦ Begin evaluating local, regional, extra-regional, and statewide capabilities to maintain critical services with reduced personnel resources ♦ Prepare and begin 	<ul style="list-style-type: none"> ♦ Consult with/assist local stakeholders with supplemental support, particularly human resources as possible ♦ Implement and manage resource tracking system ♦ Provide on-going status reports as appropriate ♦ Report any critical human resources shortages to SPS and others and provide recommendations for mitigation 	<ul style="list-style-type: none"> ♦ Continue monitoring resource shortages and assisting in cases when possible. Track critical shortages and support assistance initiatives ♦ Coordinate with stakeholders and others to provide timely and appropriate training to develop augmentation strategies for localities and areas severely impacted by personnel shortages ♦ Continue monitoring stock levels of PPE and related supplies and replenish as necessary ♦ Provide on-going

FOR OFFICIAL USE ONLY - LIMITED DISTRIBUTION

	<p>personnel (i.e., - non-porous gloves, N-95 masks, gowns; review procedures and policies for bulk purchasing and distribution if needed)</p> <ul style="list-style-type: none"> • Develop internal communications plan and review external communications/networking procedures • Provide VEOC current agency status report(s) as requested 	<p>store, and stock points for materials, equipment or supplies to support local needs (Division Offices to coordinate regional distribution procedures in case of need.</p>	<p>credentialing criteria, cost sharing, etc.</p> <ul style="list-style-type: none"> • Review/disseminate equipment/vehicle decontamination procedural guidance to stakeholders 	<p>processing of initial materials and supplies procurement paperwork</p> <ul style="list-style-type: none"> • Ready Division sites for receipt of materials, supplies, equipment, establish inventory management system • Receive updated information from local stakeholders and review response triage protocols based on reduced staff capabilities 		<p>status reports and projections to appropriate authorities</p>
GENERAL SERVICES	<ul style="list-style-type: none"> •Continually develop and enhance resource contract capabilities 	<p>Same as All Agencies Above</p> <p>Also:</p> <ul style="list-style-type: none"> •Continue to support agency resource needs as required •Continue to maintain/expand contract services •Continue to provide technical assistance/support in regard to purchasing/contracting 	<p>Same as All Agencies Above</p>	<p>Same as All Agencies Above</p> <p>Also:</p> <ul style="list-style-type: none"> •Continue to support agency resource needs as required •Continue to maintain/expand contract services •Continue to provide technical assistance/support in regard to purchasing/contracting •Activate COOP/Comms Plans •Continue to coordinate with state, federal, private sector partners 	<p>Same as All Agencies Above</p> <p>Also:</p> <ul style="list-style-type: none"> •Continue to support agency resource needs as required •Continue to provide technical assistance/support in regard to purchasing/contracting •Continue to coordinate with state, federal, private sector partners 	<p>Same as All Agencies Above</p>
HEALTH	<ul style="list-style-type: none"> • Develop, exercise, refine VDH Pan Flu Plan • Continue surveillance • Coordinate w/partners • Initiate education campaign • Prepare pre-scripted messages • Review/adjust inventories of selected resources • Coordinate w/suppliers 	<ul style="list-style-type: none"> • Declare public health emergency • Review/activate plans • Maintain dialogue w/partners • Maintain heightened hospital/community-based surveillance • Continue education/guidance to public 	<ul style="list-style-type: none"> • Maintain heightened hospital/community-based surveillance • Prepare to implement surge plans • Review/implement anti-viral distribution plans • Continue education/guidance to public 	<ul style="list-style-type: none"> • Maintain heightened hospital/community-based surveillance • Prepare to implement surge plans • Review/implement anti-viral distribution plans • Continue education/guidance to public • Implement antiviral treatment/targeted 	<ul style="list-style-type: none"> • Maintain situational awareness of impacts on health/medical sector • Continuously evaluate epidemiology of virus • Update recommendations on treatment/protective actions 	<ul style="list-style-type: none"> • Assess regional impacts on health/medical sector • Review lessons learned/implement adjustments • Replenish essential resource inventories • Adjust regional staffs to meet needs • Prepare for next wave

FOR OFFICIAL USE ONLY - LIMITED DISTRIBUTION

	<ul style="list-style-type: none"> Review/update fatality management plan 	<ul style="list-style-type: none"> Support isolation/quarantine initiatives at ports of entry Monitor health sector Review/implement anti-viral distribution plans 		prophylaxis		
HUMAN RESOURCE MANAGEMENT	<ul style="list-style-type: none"> Develop/maintain HR policies Support agency HR needs Review resource requirements to sustain essential services 	<ul style="list-style-type: none"> Develop/maintain HR policies Support agency HR needs Review resource requirements to sustain essential services 	<ul style="list-style-type: none"> Continue to manage admin of workforce planning, HR policy and benefits Provide guidance to agencies/review policies/tools available Prepare to begin monitoring agency absenteeism Review adjunct workforce program 	<ul style="list-style-type: none"> Continue monitoring agency absenteeism Prepare to staff VEOC Policy Group/Logistics ESF Continue to provide HR guidance/support to agencies Prepare to implement employee reassignment plan/Adjunct Workforce Program 	<ul style="list-style-type: none"> Continue monitoring agency absenteeism Staff VEOC Policy Group/Logistics ESF Implement employee reassignment plan/adjunct workforce program Continue to provide HR guidance/support to agencies/staff 	<ul style="list-style-type: none"> Assess impact on agency personnel Revise plan based on lessons learned Support agency HR needs Prepare for subsequent waves
LABOR AND INDUSTRY	<ul style="list-style-type: none"> Adopt/disseminate OSHA Pan Flu Guidance Develop Agency COOP Plan w/pan flu component to ensure maintenance of critical functions 	<ul style="list-style-type: none"> Continue to disseminate/promote OSHA Pan Flu Guidance Continue to provide technical assistance support to customers Review/update COOP/Comms plans Continue to interface Ensure critical services can be maintained Continue to coordinate with local, state, and federal partners 	<ul style="list-style-type: none"> Review/update plans Alert/Brief Staff Ensure adequate supplies available to maintain critical services Continue to provide technical assistance/support to customers Continue to coordinate with local, state, and federal partners 	<ul style="list-style-type: none"> Prepare to activate plans Alert/Brief Staff Ensure adequate resources available to maintain critical services Continue to provide technical assistance/support to customers Continue to coordinate with local, state, and federal partners 	<ul style="list-style-type: none"> Activate COOP/Comms Plans Continue to brief staff Monitor status of operations/absenteeism Maintain critical services in context of available resources/priorities 	<ul style="list-style-type: none"> Assess impact of event on staff and services Adjust plans based on lessons learned and resources available Replenish critical resources to extent feasible Continue to provide guidance to staff in coordination with VDH
OFFICE OF COMMONWEALTH PREPAREDNESS/VDOT	<ul style="list-style-type: none"> Coordinate Development of Critical Infrastructure Protection/Resiliency (VCIPR) Strategy Support overall COOP initiative in coordination with VDEM Continue to liaison with 	<ul style="list-style-type: none"> Same as All Agencies Above Also: Continually brief Governor and Cabinet on status as required and make appropriate recommendations 	<ul style="list-style-type: none"> Same as All Agencies Above Also: Continually brief Governor and Cabinet on status as required and make appropriate recommendations 	<ul style="list-style-type: none"> Same as All Agencies Above Also: Continually brief Governor and Cabinet on status as required and make appropriate recommendations based 	<ul style="list-style-type: none"> Same as All Agencies Above Also: Continually brief Governor and Cabinet on status as required and make appropriate recommendations based on evolving situation 	<ul style="list-style-type: none"> Same as All Agencies Above Also: Continually brief Governor and Cabinet on status as required and make appropriate recommendations based

FOR OFFICIAL USE ONLY - LIMITED DISTRIBUTION

	<p>local gov't on emergency management and security issues</p> <ul style="list-style-type: none"> ♦ Continue to support educating public on Homeland Security/preparedness issues ♦ Provide oversight/review all disaster plans 	<p>based on evolving situation</p> <ul style="list-style-type: none"> ♦Support <p>Coordinate with local, state and federal partners</p>	<p>based on evolving situation</p> <ul style="list-style-type: none"> ♦Continue to coordinate with local, state and federal partners 	<p>on evolving situation</p> <ul style="list-style-type: none"> ♦Continue to support dissemination of preparedness/prevention information/guidance to staff, state agencies, local governments ♦Implement the appropriate protective measures ♦Continue to coordinate with local, state and federal partners 	<ul style="list-style-type: none"> ♦Continue to support dissemination of preparedness/prevention information/guidance to staff, state agencies, local governments ♦Implement the appropriate protective measures ♦Continue to coordinate with local, state and federal partners 	<p>on evolving situation</p> <ul style="list-style-type: none"> ♦Continue to support dissemination of preparedness/prevention information/guidance to staff, state agencies, local governments ♦Implement the appropriate protective measures ♦Continue to coordinate with local, state and federal partners
VITA	<ul style="list-style-type: none"> ♦ Provide IT/ Communications services and support throughout IP event ♦ Check resource inventories/supply chains ♦ Coordinate with private sector partners regarding status of COOP plans 	<p>Same as All Agencies Above</p> <p>Also:</p> <ul style="list-style-type: none"> ♦Continue to support agency IT resource needs as required ♦Continue to maintain/expand IT contract services ♦Continue to provide IT technical assistance/support in regard to purchasing/contracting 	<p>Same as All Agencies Above</p>	<p>Same as All Agencies Above</p> <p>Also:</p> <ul style="list-style-type: none"> ♦Continue to support agency IT resource needs as required ♦Continue to provide IT technical assistance/support in regard to purchasing/contracting ♦Continue to coordinate with state, federal, private sector partners 	<p>Same as All Agencies Above</p> <p>Also:</p> <ul style="list-style-type: none"> ♦Continue to support agency IT resource needs as required ♦Continue to provide IT technical assistance/support in regard to purchasing/contracting ♦Continue to coordinate with state, federal, private sector partners 	<p>Same as All Agencies Above</p>
VSP	<ul style="list-style-type: none"> ♦ Develop COOP/Pan Flu Plans to ensure maintenance of critical services ♦ Brief staff and exercise plan 	<p>Same as All Agencies Above</p>	<p>Same as All Agencies Above</p>	<p>Same as All Agencies Above</p> <p>Also:</p> <ul style="list-style-type: none"> ♦ Activate plan and begin implementing protective measures ♦ Begin evaluating critical service delivery in context of resources available and risk ♦ Coordinate with/monitor resource providers ♦ Continue to coordinate with local, state, federal and private sector partners 	<p>Same as All Agencies Above</p> <p>Also:</p> <ul style="list-style-type: none"> ♦ Maintain essential law enforcement functions ♦ Enforce orders of quarantine/isolation as required ♦ Prevent/respond to civil disturbances 	<p>Same as All Agencies Above</p> <p>Also:</p> <ul style="list-style-type: none"> ♦ Continue to provide necessary law enforcement/security services in coordination with local, state, federal and private sector partners

Appendix 1

EDUCATION

MISSION

To ensure the health and safety of the Commonwealth student population, faculty, and administrators, as well as their families, at all levels by developing and integrating an influenza pandemic preparedness and response strategy into school emergency and Continuity of Operations plans.

ORGANIZATION

The Commonwealth of Virginia education sector is comprised of 133 local school divisions, 24 community colleges with 40 campuses, 15 four-year public institutions, and 24 private, nonprofit institutions. The Department of Education supports K-12, and the Virginia Community College System and State Council of Higher Education for Virginia support the community college system and institutions of higher education, respectively.

CONCEPT OF OPERATIONS

Although the Department of Education, the Virginia Community College System, and the State Council of Higher Education for Virginia interface with their respective levels of education on a daily basis on a variety of issues (e.g., school census, enrollment projections, funding, training, etc.), the responsibilities and authorities in regard to emergency management issues and specifically school closure decisions are at the local and facility level. However, due to the impacts that school closure will have on the community in an influenza pandemic, it is important for the state to be more engaged in monitoring the following:

- Level of absenteeism that is occurring locally and regionally
- Impacts absenteeism is having on operations
- Strategies that are being considered or employed to sustain operations
- Resource and supply chain issues that need to be addressed.

The role of education in disaster planning and response operations has been primarily associated with providing facility space, staffing and transportation resources to support evacuation/sheltering initiatives as well as the dispensing of pharmaceuticals in a biological event. Schools, colleges, and universities provide an environment that is very conducive to accelerating the spread of influenza not only within schools, but throughout the community. However, the decision to close schools will necessitate consideration of other actions related to other types of facilities, activities, and functions that bring people together, particularly in closed environments. Consequently, the decision to close schools will need to be made in coordination with a variety of community partners, and implemented in conjunction with other actions that will complement and reinforce the desired objective of social distancing. To accomplish this, the

Virginia Draft Pandemic Flu Plan

school division or higher education institution must have a representative in or a strong and continuous link to, the local emergency operations center to provide the necessary guidance, technical assistance, and support in regard to response operations, public information, and policy issues.

At the state level, the Virginia Department of Education, the Virginia Community College System, and the State Council of Higher Education for Virginia will serve in a liaison and support role in the Virginia Emergency Operations Center. The relationships developed and communication frameworks established between these agencies and the associated school divisions/higher education institutions will facilitate the interface, coordination, and support to this sector. The education sector, like many other critical infrastructure/key resource sectors, is comprised of public as well as private facilities. Both components need to be represented and engaged in policy decisions and response operations for the strategies developed and employed to be effective.

Local school divisions and higher education institutions will request assistance through the local emergency operations center, like in any other disaster event. If the request exceeds the capability of local government, the request will be forwarded to the Virginia EOC for consideration. Federal assistance will be requested if the request exceeds the capability of the state.

The rates of absenteeism and operational impacts being experienced by the school system or institution will be reported to the local emergency operations center, as well as to the state agency that typically interfaces with the system/institution reporting. The VEOC will consider the development of a WebEOC board that will facilitate the collection and assessment of information relating to the education sector.

In addition, conference calls with school divisions and institutions of higher education will be conducted as required on a regional basis to provide a forum to exchange information on status of operations, response strategies being considered or employed, and identification of operational issues and resource needs. The conference call will facilitate the development of a coordinated response strategy among school districts, institutions of higher learning, and the communities within a region that will be tailored to the intensity and scope of the outbreak, as well as associated consequences being experienced.

Although more specific criteria for implementing school closure is being developed, preliminary criteria will include but not be limited to rates of infection and associated consequences, levels of absenteeism, status of supporting infrastructure, and resources available within the school system, institutions of higher learning and the communities impacted to support various response strategies. The Community Strategy for Pandemic Influenza Mitigation interim guidance developed by HHS/CDC referenced and summarized earlier will be used in developing and implementing local, regional, and statewide response strategies to an influenza pandemic outbreak.

Virginia Draft Pandemic Flu Plan

School superintendents and the administration of institutions of higher learning have the authority to close as well as reopen schools. A list of School Superintendents is available at: <https://p1pe.doe.virginia.gov/edudirectory/divisionList.do>. The State Council of Higher Education in Virginia maintains a listing of Institutions of Higher Learning contacts. In addition, the Office of Commonwealth Preparedness established Preparedness Advisory Committees for four-year colleges and universities, and two-year community colleges, both public and private, to enhance the dialogue, coordination, and planning between these facilities and the emergency management community. Also, approximately four years ago, the Virginia Commonwealth University established a College and University Emergency Planning and Management group. Since that time, VCU developed and maintains a list of college and university contacts that has been shared with the Virginia Department of Emergency Management. VDEM will use this list to disseminate the necessary information and guidance to colleges and universities and schedule regional conference calls prior to, during, and following an event.

The Virginia Department of Education will be tasked to coordinate and facilitate the regional conference calls with the school superintendents in coordination with the Virginia Departments of Emergency Management and Health as well as the Virginia Association of School Superintendents. The Virginia Association of School Superintendents has established a regional committee framework which is illustrated in Attachment 1, where superintendents come together on a monthly basis, except for the summer months, to discuss a variety of educational issues. Conference calls will be structured around this regional framework, as the superintendents in these regions are accustomed to working together on a variety of issues on a regular basis. Also, these committees have telephone and email banks in place that can support the dissemination of information to this sector.

The necessary procedures will be developed with the Virginia Department of Education, VDH, the Virginia Association of School Superintendents, and VDEM to ensure an effective and timely coordination/interface with the school districts throughout the state during an event. In addition, once the plans and procedures are developed more fully, meetings will be held with the regional committees to brief and discuss the overall strategy. In addition, the Virginia Association of School Superintendents sponsored an influenza pandemic workshop in the fall 2006 for its members to enhance awareness and preparedness among the school districts throughout the Commonwealth.

In the case of Institutions of Higher Learning, the State Council of Higher Education and the Virginia Community College System are tasked to coordinate and facilitate the regional conference calls in coordination with the Virginia Departments of Emergency Management and Health. SCHEV will be developing a Web portal to communicate with all IHEs across the state, as well as facilitate the exchange of information among IHEs on a regional and statewide basis. This portal will allow SCHEV, VCCS, VEOC, VDH, and other agencies to reference institutional pandemic flu plans and situation updates at a single location.

In regard to the exchange of information and monitoring of operational status of IHEs, the Office of Commonwealth Preparedness established a College and University subcommittee, which the Virginia Commonwealth University chairs. In addition to this, VCU had developed an email

Virginia Draft Pandemic Flu Plan

group of all university/college contacts, public and private, to address all-hazards emergency management issues. This framework can be used to coordinate and conduct conference calls on a regional basis among colleges and universities in coordination with SCHEV. Additional planning is required to work out the necessary procedures to support accomplish this in a timely and effective manner prior to and during a influenza pandemic outbreak.

The Virginia Department of Emergency Management and the Virginia Department of Health Websites provide linkages to the HHS/CDC Website that provides guidance/checklists for schools and institutions of higher education. An initial survey of the Virginia institutions of higher education has been accomplished for the purposes of ascertaining the need to provide additional guidance for pandemic flu planning. While some institutions expressed confidence in their plans, there have been multiple requests for assistance, particularly in the form of a template. Consequently, SCHEV and VCCS, in coordination with VDEM, will develop a model plan, as well as provide linkages to IHE facilities that have developed a plan.

The Virginia Department of Education has completed the Pandemic Influenza Plan Guidelines for Virginia Public Schools. The plan is available on the DOE Web site at the following address: <http://www.doe.virginia.gov/VDOE/studentsrvcs/>. The guidance document includes specific considerations during each phase of a pandemic regarding access control; surveillance and screening; infection control and precautions; communication methods for staff, parents, and community; vaccine delivery; and administration of antiviral medication. The plan was designed to assist schools in identifying the issues that need to be addressed in order to continue the instruction of students and support families and employees in the event of a pandemic.

The plan provides guidance to schools regarding the need for developing methods for continuity of instruction and communicating those plans to parents and students.

The Virginia Department of Education has identified continuity of student instruction as a major topic for school divisions to consider as they develop their respective pandemic influenza plans. The following is an excerpt from the Pandemic Influenza Plan Guidelines for Virginia Public Schools:

- If schools are closed, parents and students will be advised as to how classroom assignments are to be continued, completed, and submitted for grading.
- If schools are closed, parents and students will be notified about reopening procedures.
- In the event of prolonged school closure or repeated school closures, parents and students will be notified about any changes that will occur in policies regarding grading, testing, and graduation requirements in a timely manner.

Recognizing that conditions surrounding a pandemic are emotionally distressing, the guidance document addresses mental health needs of the faculty, students and families:

- Upon reopening, the emergency pandemic team will ensure debriefing of administration, staff, parents, and students.

Virginia Draft Pandemic Flu Plan

- Every effort should be made to have additional mental health resources available for the successful transition of students and staff back into the school setting and a normal routine.

Higher Education

Institutions of higher education with residential populations can be viewed as small cities with a population consisting almost solely of young adults. It is unlikely most Virginia IHEs will shut down completely, as it is assumed a component of the student body will not be able to return home. However, continuing education during the period of a pandemic outbreak will be a function of the institutions' existing programs/ resources/infrastructure in place to support distance learning strategies on a wide-scale basis, as well as student capabilities to take advantage of services provided.

While many IHEs offer online or distance education, it makes up for a small percentage of instruction. Given concerns for existing bandwidth and the time and resources to develop effective online education models, it seems unlikely institutions will pursue this option as a major response to pandemic flu.

Provision of Social Services in Schools

The Virginia Department of Education's Pandemic Influenza Plan Guidelines for Virginia Public Schools does not address the continuity of social services programs during a pandemic. Public schools do not provide direct services, but rather, provide a location, access for social services agencies to interface with students, and referral services to students and families. It would be the domain of the Department of Social Services to develop a plan for continuing social services to students in the case of a pandemic. The Department of Education would provide technical assistance in this process, as needed.

The Virginia Department of Social Services (VDSS) oversees many programs that provide benefits and services to children in the Commonwealth. Admission to these programs is by application or referral. These programs include but are not limited to: Child Protective Services and Domestic Violence Prevention; Foster Care; Safe and Stable Families; Food Stamps; Medical Assistance; and Temporary Assistance for Needy Families (TANF). Each of these programs is governed by federal and/or state law/regulations that define the parameters for eligibility. By Virginia law, local departments of social services administer these programs under state supervision.

In the event of a pandemic, the provision of services will continue to the extent possible. VDSS, through its regional and home offices will continue to provide program supervision, secure program waivers, and resolve conflicts relative to program operations.

VDSS operates a toll-free child abuse and neglect hotline 24 hours a day, 7 days per week, 365 days per year. Local departments of social services receive reports, conduct investigations, and

Virginia Draft Pandemic Flu Plan

provide services. Establishing validity of protective service calls/complaints and determining the urgency of those calls/complaints is addressed in existing policies.

The availability of assistance to support basic human needs will continue through income maintenance programs at the local government level.

Through partnering with other state agencies, VDSS ensures that providers of its licensed facilities receive information necessary for planning and developing strategies for screening, infection control and precautions, and communications among and between staff, legal guardians, and VDSS. In 2006, final regulations were approved that requires Child Day Centers and Children's Residential Facilities to develop comprehensive written emergency preparedness and response plans, and an influenza pandemic should be among the hazards addressed in these plans.

Plan for Continuing Social Services

To ensure support for state supervision and monitoring, VDSS has identified teleworking as a critical issue. Department management will be reviewing the revised teleworking policy and integrating into its response strategy to best serve agency needs.

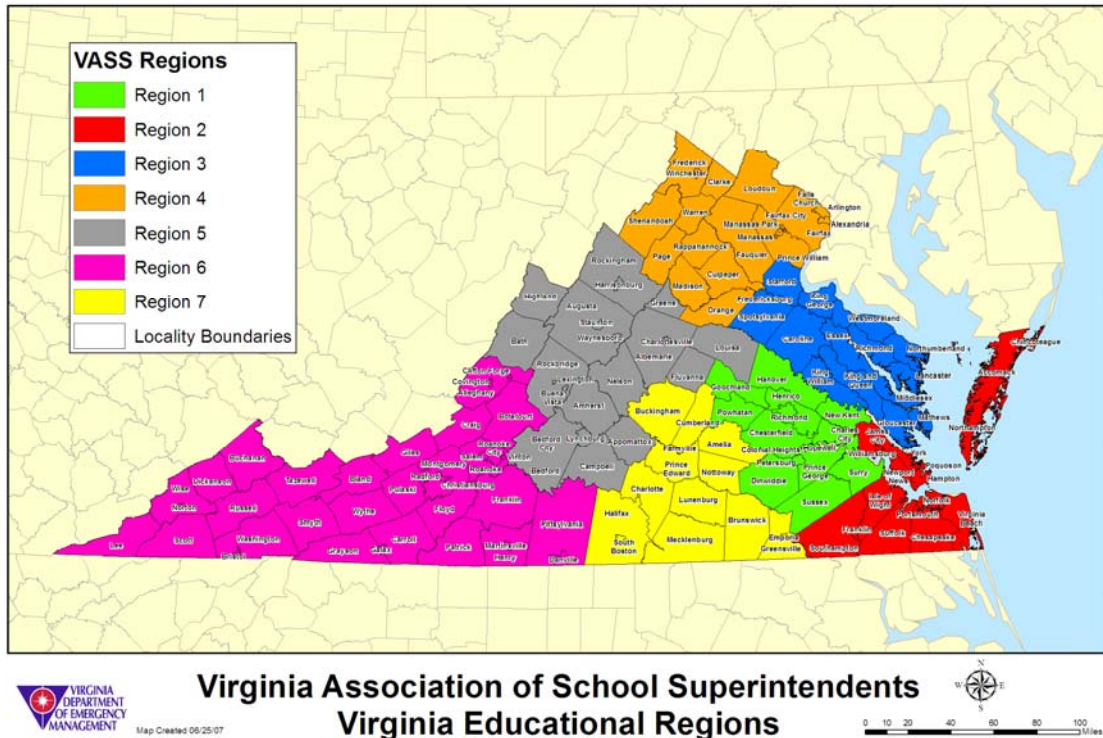
Although the infrastructure may not be directly affected by a pandemic, absenteeism could indirectly affect the infrastructure. This possibility requires local and state social services to evaluate access to a variety of communication modes to ensure continued delivery of services.

VDSS encourages good hygiene practices among its employees and visitors by providing disinfectant wipes and waste baskets at each street entrance into the building.

Virginia Draft Pandemic Flu Plan

Attachment 1

VIRGINIA ASSOCIATION OF SCHOOL SUPERINTENDENTS VIRGINIA EDUCATIONAL REGIONS



VASS Regional Representatives

Region	Contact	Telephone	Email
I	J. Roy Geiger, II	(804) 966-9650	jrgeiger@co.newkent.state.va.us
II	Milton Liverman	(757) 925-6752	miltonliverman@spsk12.net
III	Dale Sander	(540) 372-1130	dsander@cityschools.com
IV	H.D. Northern	(540) 459-6222	dannorth@shentel.net
V	David Melton	(540) 894-5115	meltong@leps.k12.va.us
VI	W. Edward Graham	(540) 965-1400	supt107@pen.k12.va.us
VII	Michael Basham	(276) 328-9421	mbasham@wise.k12.va.us
VIII	Larry Massie	(434) 969-6100	lmassie@bchs.K12.va.us

Appendix 2

CONTINUITY OF CRITICAL FUNCTIONS**MISSION**

To enhance the level of resiliency of all critical infrastructure/key resources sectors to ensure that all essential services in the public and private sector can be maintained and sustained throughout the duration of an influenza pandemic, and establish a framework to facilitate coordination between sectors and with the state.

ORGANIZATION*Critical Infrastructure Protection Program*

The Office of Commonwealth Preparedness, a cabinet-level office advising the Governor on preparedness issues, in coordination with the Virginia Department of Transportation and other state agencies, is responsible for overseeing the Critical Infrastructure Protection Program in the Commonwealth.

The federal government has defined the Physical Critical Infrastructure as being comprised of 13 sectors that provide for the production of essential goods and services, interconnectedness and operability, and public safety and security, which contribute to a strong national defense and thriving economy. Key Resources, which are comprised of 4 sectors, are defined as facilities, sites and groups of organized people whose destruction could cause large-scale injury, death, or destruction of property and/or profoundly damage our national prestige and confidence. These sectors are identified in Attachment 1.

All 17 Critical Infrastructure/Key Resource sectors are engaged in supporting the program at every level. The Office of Commonwealth Preparedness has established Regional Advisory Preparedness Councils that will support the Commonwealth's CIPR program's planning and coordinating needs, as well as facilitating the interface with and between sectors. The regional framework of the Regional Advisory Preparedness Councils, which is illustrated in Attachment 2, mirrors the Virginia Department of Emergency Management regions.

Policy

At the policy level, the Commonwealth established an Infrastructure Subpanel, comprised of private-sector representatives from CI/KR sectors, to better define and strengthen the Critical Infrastructure Protection and Resiliency Strategy to guide the program in developing an implementation plan and supporting investment strategy to fulfill program goals and objectives established. The Infrastructure Subpanel has developed a draft strategy which is currently under review. Once the strategy is finalized, a more detailed action plan will be developed to support

Virginia Draft Pandemic Flu Plan

the roles and responsibilities defined in the document and the National Infrastructure Protection Plan.

Planning

All CI/KR sector partners are engaged in the planning process and supported the development of a comprehensive inventory of CI/KR in the Commonwealth. They are currently engaged in a variety of initiatives to enhance their protection using an all-hazards approach in the planning process.

PROGRAM OVERVIEW

The Commonwealth of Virginia Critical Infrastructure Protection and Resiliency Strategy (CIPR) is structured to mirror the National Infrastructure Protection Plan (NIPP) to build upon the partnerships developed at the federal level and to enhance the interface between the programs. The program establishes and reinforces a strong, seamless interface between all public and private partners representing the 17 Critical Infrastructure/Key Resource (CI/KR) sectors. The Commonwealth is continually expanding its network of partnerships within the broad spectrum of the 17 CI/KR sectors that play a critical role in the protection of the Commonwealth's critical infrastructure. These sectors include but are not limited to all levels of government, private-sector owners and operators, academia and research centers, and private, nonprofit volunteer organizations. Representatives from the various sectors are integrated and engaged in every component of the Commonwealth's program to support identification of sector needs, and cross-sector issues and interdependencies; development of program/sector priorities and strategies; the grant process; risk management initiatives; emergency operations; and security programs.

The objectives of the Commonwealth's CIPR program, which are the same as the national plan, are as follows:

- Understanding and sharing information about terrorist threats and other hazards
- Building security partnerships to share information and implement CI/KR protection programs
- Implementing a long-term risk management program
- Maximizing efficient use of resources for CI/KR protection

The Commonwealth CIPR program and associated initiatives are implemented using an all-hazards approach. However, there are components of the strategy that will be evaluated and modified to address the challenges associated with an Influenza Pandemic.

Recent Accomplishments

The Commonwealth conducted a two-day grant stakeholders' meeting that involved the participation of representatives from all 17 CI/KR sectors. The workshop provided a forum for critical infrastructure/key resource representatives to identify and discuss issues, strategies,

Virginia Draft Pandemic Flu Plan

initiatives, and priorities for each sector for the purposes of developing an investment strategy designed to effectively address the critical needs and priorities established.

The Commonwealth is in the process of revising and strengthening its Critical Infrastructure Protection and Resiliency Strategy to ensure funding and resources are applied in the most effective and efficient manner to support statewide CI/KR goals, strategies and priorities developed. The Commonwealth's CIPR program is ALSO engaged in a variety of regional and statewide initiatives described in more detail below.

Fusion Center

The Commonwealth's Critical Infrastructure Protection and Resiliency program, like the National program, requires a networked approach to information-sharing in order for it to be effective. In the Commonwealth, this networked approach to information-sharing is accomplished through the Fusion Center, which acts as a "one-stop shop" to report and share information between all levels of government and supporting CI/KR sectors. The Fusion Center operates within the framework of policies and procedures that were created by the Center, and includes the Protected Critical Infrastructure Information Program. This framework allows private-sector proprietary, confidential, or critical sensitive infrastructure information, to be shared with government partners in a safe and secure manner, and without fear of public disclosure. The Protected Critical Infrastructure Information Program provides the procedural framework to receive, validate, handle, store, mark, and apply the information that is voluntarily provided to the Department of Homeland Security.

The Virginia Fusion Center created an outreach program to ensure that the necessary information and intelligence was being disseminated and collected from our private sector partners. The Virginia Critical Information Shared System (VCISS) was established to ensure that private-sector partners have the ability to share and receive Homeland Security information and intelligence. This system consists of a tiered bulletin board that provides users with the ability to receive the appropriate information to assist them in fulfilling their Homeland Security role. The Fusion Center also established the Virginia Information Shared Work Group (VISWG) to incorporate state agencies and the private sector in a Homeland Security nexus. The private sector partners that attend these meetings include: Dominion Virginia Power, Retail Merchants Association, Verizon, and the Petroleum Industry. This workgroup meets monthly and exchanges information in regard to the 17 KI/CR sectors. The Fusion Center continually reaches out to all CI/KR sectors through a variety of meetings and training forums to develop and expand upon the trusted private sector relationships already established. Some of the private sector partners that have participated in these initiatives include UPS, Virginia Private Security Association, Aviation Association, Dominion Virginia Power, CSX and Northrop Grumman.

The Virginia Fusion Center also has created a relationship with the Highway Information Sharing and Analysis Center (ISAC). ISAC is operated by the American Trucking Association, in partnership with state and national trucking associations and conferences of the ATA Federation; as well as numerous other national highway transportation organizations in the Highway Watch Coalition, in cooperation with the Department of Homeland Security, for the

Virginia Draft Pandemic Flu Plan

benefit of the entire Highway Transportation sector. Other private-sector contacts that have been developed by the Fusion Center include: Car Rental Security Contacts, Norfolk Southern, Chemical Facility Companies within the Commonwealth, American Electric, Appalachian Power, Alleghany Power, AT & T, Sprint, and Cavalier Telephone. All of these initiatives will enhance the interface and coordination with the CI/KR sectors during an influenza pandemic.

Buffer Zone Protection Program

The Virginia Department of Transportation has been engaged in the Buffer Zone Protection (BZP) program since its inception. The BZP program, which is a significant component of the Infrastructure Protection Program, provides funding to enhance security and risk management capabilities at the state and local levels in regard to all CI/KR sectors. Specifically, the program involves the development of plans for areas external to and surrounding the perimeter of identified critical infrastructure. The process involves an assessment of the general environment, supporting infrastructure, and daily operations that occur within a defined zone around the site. Strategies are developed to enhance the security around the site to prevent or mitigate the feasibility of a terrorist to conduct surveillance or initiate an attack within the established zone around the site. Grant funds are also provided through the program to enhance the preparedness capabilities of the local jurisdictions responsible for providing law enforcement and other emergency services to the site. The Commonwealth has conducted a number of assessments in coordination with private-sector partners across all CI/KR sectors.

However, the prevention and mitigation strategies developed through the BZP program focus more on initiatives related to the protection of the physical plant, rather than on an event like an influenza pandemic that impacts staff and resource support. To address this gap, the Commonwealth is looking at developing and integrating elements into this program that communicate the importance of developing or updating Continuity of Business Plans that address sustainment of operations for all types of hazards, particular an influenza pandemic event that will present some unique challenges to all sectors.

CI/KR Database

The Commonwealth also plans to acquire and integrate the ACAMS system, which will permit further development of the comprehensive database of CI/KR data managed by the Department of Homeland Security, into its program to facilitate the identification of vulnerabilities of CI/KR as well as their interdependencies.

Regional Initiatives

The Commonwealth is currently supporting several regional initiatives in the National Capital Region (NCR) and in the Hampton Roads area that will enhance the overall level of preparedness of CI/KR in the Commonwealth in regard to an influenza pandemic.

In the NCR, the Critical Infrastructure Protection Regional Programmatic Working Group (RPWP), which provides recommendations/guidance to the Senior Policy Group regarding

Virginia Draft Pandemic Flu Plan

CI/KR issues, has contracted to conduct a risk assessment for the NCR. Once the study is completed, the CIP RPWG plans to conduct an exercise in the fall of 2007 involving an influenza pandemic scenario to identify potential coordination, communication, response, and recovery issues. The lessons learned from this exercise will be invaluable in terms of identifying issues that will need to be addressed to enhance the overall level of preparedness in the NCR and the Commonwealth in regard to an influenza pandemic.

The Commonwealth's Critical Infrastructure Protection and Resiliency Program is also involved in piloting a First Responder Authentication Credentialing (FRAC) program in the Northern Virginia region, as part of an overall National Capital Region initiative. This initiative is an effort to fulfill the goal of Homeland Security Presidential Directive 12, to establish a unified standard of identification for first responders to access secure facilities and sites, as well as respond to emergent events in a timely manner within the Commonwealth and throughout the country.

In the Hampton Roads region, the Commonwealth is supporting a Critical Infrastructure Resilience study, which is being conducted through a partnership of Virginia universities that include: Virginia Tech, Disaster Risk Reduction Program; University of Virginia Center of Risk Management for Engineering Systems; and Old Dominion University Virginia Modeling Simulation and Analysis Center. The initiative includes the participation and support of the Office of Commonwealth Preparedness, the Virginia Department of Emergency Management, the Hampton Roads Planning District Commission, City of Hampton Roads, and the Joint Forces Command. Study objectives include:

- Examining infrastructure vulnerabilities and interdependencies in Hampton Roads
- Evaluating resilience to natural, technological and terrorist risks
- Identifying gaps in current resilience, preparedness, and response capabilities
- Examining military and civilian infrastructure interdependencies
- Assessing the economic and social impacts of selected scenario events

The findings of the study will provide the invaluable insight into the vulnerabilities and interdependencies of the Hampton Roads infrastructure which will assist the Commonwealth in developing a more comprehensive strategy to address the potential shortfalls in CI/KR resilience, preparedness, and response capabilities. The lessons learned and associated initiatives developed can be applied in other areas of the state with some modification, and will greatly improve the sustainability of the CI/KR in all types of disaster events to include an influenza pandemic.

Agency Programmatic Initiatives

There are also a number of agency programmatic initiatives that complement the regional and statewide CI/KR initiatives described above. They include the following:

Virginia Draft Pandemic Flu Plan

Virginia Department of Agriculture and Consumer Services

The Virginia Department of Agriculture and Consumer Services included an article in their newsletter that is distributed to over 11,000 food facilities in the Commonwealth encouraging them to develop Continuity of Operations Plans. In addition, VDACS reached out to the private sector to support a variety of planning initiatives to include the development of the following plans: Highly Contagious Livestock and Poultry Disease Emergency Operations Plan in May 2006 and the Prevention and Rapid Response for Avian Influenza in Virginia. A Virginia Poultry Disease Task Force was established to support this initiative consisting of the Virginia Poultry Federation, the Virginia Cooperative Extension, Virginia Maryland Regional College of Veterinary Medicine, USDA APHIS, Virginia Department of Environmental Quality (VDEQ) and representatives from each of the eight poultry companies.

Virginia Emergency Operations Center

Many of these Critical Infrastructure/Key Resources are associated or linked in varying degrees to the Emergency Support Functions in the Virginia Emergency Operations Center. The partnerships that have been established through the CIP program can be enhanced further by integrating all 17 CI/KR sectors into disaster response and recovery operations in a more uniform manner, similar to what is already in place with Emergency Support Functions 1 – Transportation; 2 – Communications; 3 – Public Works; 8 – Health and Medical; 11 – Agriculture and Food; and 12 – Energy. Response and recovery operations will be greatly enhanced by establishing the capability to monitor all sectors during a disaster event and quickly identifying issues, trends, and needs within each sector in a more coordinated and timely manner. A more in-depth assessment of each ESF will have to be conducted to determine how best to integrate, as well as strengthen, the interface and coordination with all CI/KR sectors in a disaster event.

Virginia Department of Emergency Management - Continuity of Business

The Virginia Department of Emergency Management established the Virginia Business Emergency Survival Toolkit to promote as well as assist in the development of Continuity of Business Plans in the private sector. This resource center for the private sector complements the organizational and operational enhancements and planning initiatives described above. It is critical that all businesses and organizations, no matter how small they are, assess their operations and develop the necessary emergency preparedness and Continuity of Business plans. These plans will play a critical role in sustaining essential services, and mitigating the consequences of any disaster event.

The toolkit provides the private sector with step-by-step guidance to develop their plans and discusses the following: Forming a team, composition of the team, conducting a vulnerability assessment, developing priorities, writing the plan, and implementing it. In addition, the Toolkit includes guidance on training, exercises, establishing a Community Emergency Response Team, and the importance of integrating the plan into all aspects of operations. The site also includes additional resources to assist the private sector in this effort. The VDEM Public Affairs Division

Virginia Draft Pandemic Flu Plan

does speak at various forums to promote the Toolkit and has been very well received by the private sector.

VDEM - Radiological Emergency Response Planning

The VDEM Radiological Emergency Response Planning Program, in coordination with Dominion Virginia Power, develops, tests and exercises plans in compliance with NUREG-0654 for the North Anna and Surry Nuclear Power facilities. The Commonwealth has established a very strong partnership with Dominion Virginia Power through this program, which will be a tremendous asset in developing a comprehensive Influenza Pandemic strategy.

Virginia Department of Health - Drinking Water and Water Treatment

Virginia Department of Health's Office of Drinking Water and Emergency Preparedness and Response Division coordinated a Region III meeting to develop guidance, policies and strategies to sustain essential services and protect employees throughout an influenza pandemic. The development of a draft Drinking Water Plan Flu Planning Template was an outcome of the meeting.

Virginia Department of Health

VDH revised the VDH Pandemic Influenza Plan in March 2006 and 2007, and updates are continuously done as new guidance becomes available. To support this initiative, VDH established a Pandemic Influenza Advisory Committee consisting of public and private stakeholders. In addition, VDH has been continually broadening and strengthening its partnerships with the private sector elements of the health and medical community to support a variety of health preparedness initiatives to include the Strategic National Stockpile, Cities Readiness Initiative, Metropolitan Medical Response System, as well as the pandemic influenza planning effort.

Virginia Information Technologies Agency (VITA)

VITA has a new Tier III data center at the Commonwealth Enterprise Solutions Center (CESC) located in Chester, Virginia and is in the process of migrating operations from the current data center in Richmond, Virginia to that facility. Additionally, much of the Commonwealth IT infrastructure now located at numerous sites throughout the Commonwealth will be moved to CESC affording a higher level of physical security to the Commonwealth's information technology Infrastructure. Further, a back up data center named the Southwest Commonwealth Enterprise Solutions Center (SWESC) is under construction in Lebanon, Virginia. The approximately 17 agencies receiving services on the current SunGard contract will have service at SWESC instead once operational. Agencies may choose to utilize that back up site for their information technology disaster recovery needs for systems supporting essential services as an additional service offering through VITA. The SWESC facility is scheduled to be operational around June 2008.

*Virginia Draft Pandemic Flu Plan*Virginia Department of Rail and Public Transportation

The Virginia Department of Rail and Public Transportation is developing a model infrastructure protection strategy for rail, in coordination with the Commonwealth CIPR program and CSX. DRPT developed an Influenza Pandemic component to their agency COOP plan and exercised the plan in October 2006.

Virginia Department of Transportation

A number of VDOT's CI/KR locations are staffed 24/7/365 and routinely function with multiple people trained to perform the same function. While extensive absences would put a strain on the remaining available workforce, continued operation of essential functions would, in most cases, be covered if a pandemic flu were to hit us today. Some essential functions depend on personnel with specialized credentials (e.g., Captains or Chief Engineer's license as regulated by the U.S. Coast Guard). In these instances, service would be curtailed or qualified supplemental staff would need to be obtained through mutual aid agreements such as EMAC, if available.

CONCEPT OF OPERATIONS*Virginia Emergency Operations Center*

Many of these Critical Infrastructure/Key Resources are associated or linked in varying degrees to the Emergency Support Functions in the Virginia Emergency Operations Center. However, the existing ESF framework will need to be modified as described below to integrate all sectors in a more uniform manner as is described in the Concept of Operations section.

Emergency Support Functions

The partnerships that have been established through the CIP program can be enhanced further by more fully integrating all 17 CI/KR sectors into disaster response and recovery operations in a more uniform manner, similar to what is already in place with Emergency Support Functions 1 – Transportation; 2 – Communications; 3 – Public Works; and 12 – Energy. Response and recovery operations will be greatly enhanced by establishing the capability to monitor all sectors during a disaster event, and quickly identifying issues, trends, and needs within each sector in a more coordinated and timely manner.

The majority of these Critical Infrastructure/Key Resource sectors are represented in varying degrees in the existing Emergency Support Function framework. Although a more in-depth assessment of each ESF will have to be conducted to determine how best to integrate, as well as strengthen the interface and coordination with all CI/KR sectors, Attachment 1 illustrates how this integration and coordination can occur.

By developing this more comprehensive framework, all CR/KR sectors will be assigned to a designated Emergency Support Function within the VEOC which will facilitate identification and resolution of sector issues that may impact emergency operations. The designated

Virginia Draft Pandemic Flu Plan

primary/support agencies will coordinate with sector associations and facilities as necessary to identify any issues that the sector and associated facilities may be experiencing.

If the sector issues being experienced are impacting the delivery of essential services to citizens, government, or the private sector and/or compromising response and recovery operations, the ESF will attempt to identify and provide the necessary technical assistance and resources to address or mitigate the degradation of service/support being experienced. Support will be provided in the context of program requirements and authorities. Most disaster assistance programs have restrictions in regard to providing assistance to the private sector. However, in the case of an influenza pandemic there will be mitigating health and public safety issues involved that may necessitate evaluating the feasibility to waive these restrictions or modify policies on a case-by-case basis.

Requests for assistance from these sectors will be channeled through the local Emergency Operations Center to the Virginia Emergency Operations Center. If the CI/KR is associated with state government, the request will come through the agency and associated ESF involved. The VEOC will channel the request from Local Liaison to Mission Tasking to the appropriate ESF for action. Mission tasking and tracking is accomplished through WebEOC, a Crisis Information Management Software (CIMS).

The VEOC will be developing status boards using WebEOC for the Infrastructure ESFs and other CI/KR sectors can be included in the process to facilitate the interface and exchange of information in regard to status of operations, issues, and resource needs and requests.

Virginia Draft Pandemic Flu Plan

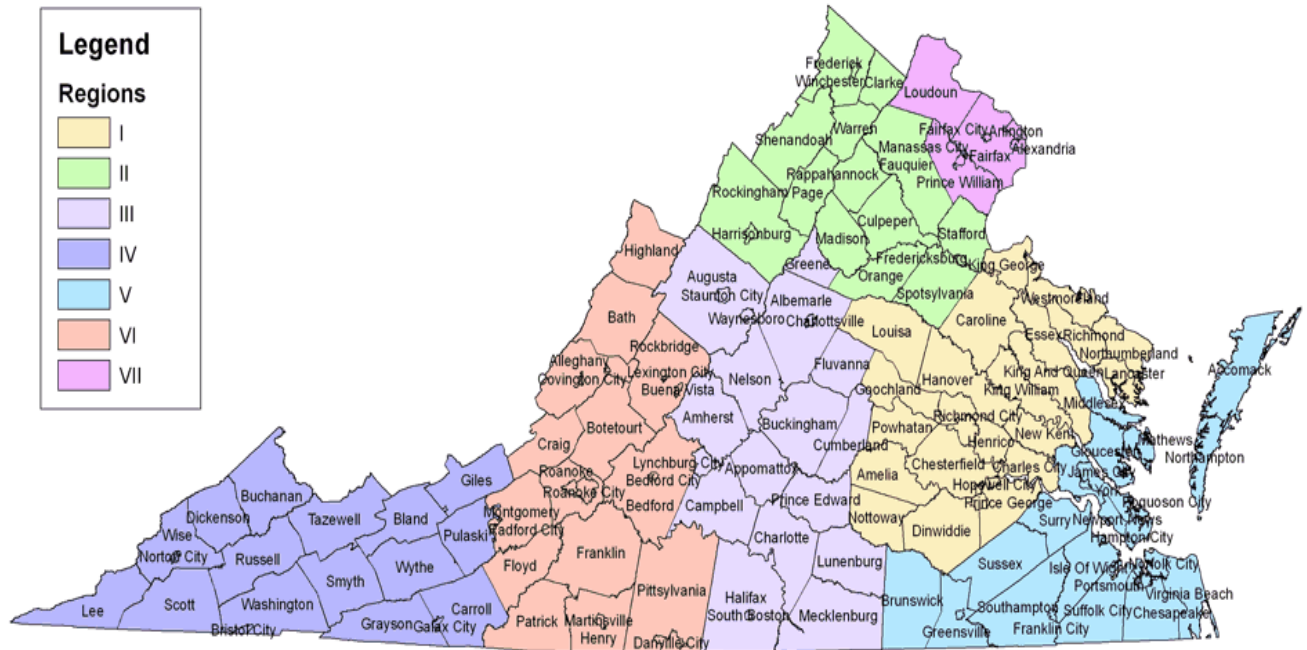
Attachment 1

**INTERGRATION OF CRITICAL INFRASTRUCTURE/
KEY RESOURCES
WITH EMERGENCY SUPPORT FUNCTION**

Emergency Support Function		Critical Infrastructure/Key Resources
ESF 1	Transportation	Transportation Postal & Shipping
ESF 2	Communications	Telecommunications Information Technology
ESF 3	Public Works & Engineering	Water, Dams
ESF 4	Firefighting	Fire Resources
ESF 5	Emergency Management	EOCs, Essential Government Facilities/Services, COOP/COG
ESF 6	Mass Care, Housing, and Human Services	Shelters
ESF 7	Resource Support	Resource Supply Chains
ESF 8	Health & Medical	Public Health & Healthcare
ESF9	Search & Rescue	
ESF 10	Oil & Hazardous Materials	Chemical & Hazardous Materials
ESF11	Agriculture, Natural & Cultural Resources	Food & Agriculture National Monuments & Icons
ESF 12	Energy	Energy Nuclear Power Plants
ESF 13	Public Safety & Security	Emergency Services
ESF 14	Long-Term Community Recovery	Banking & Finance Commercial Facilities Government Facilities
ESF 15	External Affairs	
ESF 16	Defense Support to Civil Authorities	Defense Industrial Base
ESF 17	Volunteer and Donations Management	Volunteers Donations

Attachment 2

Virginia Homeland Security Planning Regions



Appendix 3

SUSTAINMENT OF ECONOMY, TRADE, AND BUSINESS**MISSION**

To mitigate the impacts of an influenza pandemic on the economy and associated workforce through the development of a flexible, integrated framework of services and resources that can be structured and tailored to address community needs in a timely, coordinated manner.

ORGANIZATION

The Commonwealth established the Economic Crisis Strike Force in 2006 to address the economic impacts associated with natural disasters, acts of terrorism, as well as abrupt changes in local and regional economies.

The Economic Crisis Strike Force, which is chaired by the Secretary of Commerce and Trade, is comprised of high-level representatives designated by the Secretaries of Education and Health and Human Resources and the respective heads of the following agencies: Department of Agriculture and Consumer Services, Department of Business Assistance, Department of Education, Department of Housing and Community Development, Department of Labor and Industry, Department of Medical Assistance Services, Department of Minority Business Enterprise, Department of Social Services, Virginia Community College System, Virginia Employment Commission, Virginia Economic Development Partnership, and Virginia Tourism Authority.

In addition, the Governor has the authority to add additional representation from other agencies the private sector, and citizens to ensure that the necessary technical expertise and support is available to effectively address the economic challenges precipitated by the event in the most expeditious manner.

Also, the Virginia Department of Social Services (VDSS) oversees many programs that provide benefits and services to eligible applicants. Persons adversely affected in a pandemic may apply and if eligible receive direct financial aid from Food Stamps, Medical Assistance, Energy Assistance, Temporary Assistance for Needy Families, Auxiliary Grants, and General Relief. Each of these programs is governed by federal and/or state law/regulations that define the parameters for eligibility. In addition, persons/families may receive direct services for assessments, service planning, and case work for programs such as Child and/or Adult Protective Services and Foster Care. By Virginia law, local departments of social services administer these programs and services under state supervision. Policies governing the eligibility for these programs and services already exist in program manuals. In the event of a pandemic, the provision of benefits and services will continue to the extent possible. VDSS, through its regional and Home offices will continue to provide program supervision, secure program waivers, and resolve conflicts relative to program operations.

CONCEPT OF OPERATIONS

An influenza pandemic will impact all communities and sectors in varying degrees during the 18-24 month event period. The demand for government assistance, services, support, public safety, and security will increase significantly during each influenza pandemic wave. A Public Health Emergency and a State Declaration of Emergency will be made to mobilize and deploy resources to support response and recovery operations.

In the Virginia Emergency Operations Center, ESF 14 – Community Recovery addresses short- and long-term recovery issues. The short-term recovery component of ESF 14, which is coordinated by the Virginia Department of Emergency Management, is comprised primarily of the disaster recovery programs available through FEMA, SBA, and other federal agencies. In addition, there are other assistance programs provided by a variety of state and federal agencies as well as non-governmental organizations to include but not limited to: the Departments of Social Services; Mental Health, Mental Retardation, and Substance Abuse Services; Housing and Community Development, Conservation and Recreation; Taxation; and the Virginia Employment Commission. Many of these agencies also have a role in the long-term recovery component of ESF 14 which is accomplished through the establishment of the Economic Crisis Strike Force.

In a declared emergency, the Economic Crisis Strike Force becomes an integral component of ESF 14-Community Recovery in the Virginia Emergency Operations Center and extends into the Joint Field Office once it is established. It focuses on developing priorities, strategies, and assistance that address long-term recovery issues. The Secretary of Commerce and Trade is responsible for organizing the Economic Crisis Strike Force in a manner that best serves the needs of the locality or region impacted, given the economic consequences generated by the event. It should be pointed out that the Economic Crisis Strike Force can be activated by the Governor without a declaration to bring economic assistance and support to communities in a non-disaster-related event, such as addressing the long-term impacts of a major industry relocating or closing.

The Strike Force leverages a variety of existing programs internal and external to the Commonwealth in both the public and private sectors, while developing and integrating new programs and associated policies tailored to meet the economic challenges precipitated by the event. During a disaster event, the Strike Force can facilitate the delivery of services and support to communities in a streamlined, coordinated, and targeted manner by providing a single point of contact for citizens, businesses, and industry needing economic assistance and support. The Strike Force acts as a broker to these entities by quickly identifying and making available the appropriate public and private assistance to the requesting party. The Strike Force can also assist communities in developing local and regional short- and long-term strategies, to include identifying opportunities for workforce retraining, job creation, and new investment to support the strategies and priorities established.

Virginia Draft Pandemic Flu Plan

Virginia Employment Commission

The Virginia Employment Commission will assist private-sector workers who may lose jobs or be unable to work because they themselves are ill or must stay at home to care for ill family members. The Field Operations Division of the Virginia Employment Commission requires each local office/VEC one stop and regional offices to establish emergency/catastrophic/ disaster recovery plans that would cover weather emergencies, pandemic crisis, terrorism, and other activities that drastically impact operations. The current plans were developed following the emergency VEC operations at Reagan National Airport in response to the September 11 attack at the Pentagon. The plans accommodate regional considerations and may provide support in the following areas:

- Collaboration with community organizations, workforce systems partners, business and business organizations, faith based organizations, support agencies, financial institutions, education and training providers, CBOs, Salvation Army, Red Cross, Goodwill, law enforcement, health and safety, Department of Social Services (DSS), fire departments, and other first-responder groups to allow for thorough coverage of a myriad of disaster related issues and prevent gaps in service capability.
- Exit plans and safe routes from impacted area for staff and customers.
- Safe locations for emergency supplies and equipment prior to crisis. The central office Field Operations staff is required to maintain supplies and equipment necessary for manual service delivery from points of safety. These materials may also be used to provide assistance, where appropriate and possible, to customers and other members of the public.

The VEC currently works with local offices to ensure they have plans that are communicated ahead of time to provide emergency services, and shares this planning information with one-stops. The Unemployment Insurance (UI) Trust Fund does not include any discretionary dollars, but the VEC can make staff resources available in an emergency. Those who are unable to work, even due to illness, would not qualify for unemployment insurance (UI) as traditional eligibility requirements apply, but the full range of jobseeker services will be available to them. However, if an employer has to close its business due to the flu pandemic, laid off workers could apply for unemployment benefits.

Historically, federal and state governments have offered Disaster Unemployment Assistance benefits (DUA) during work dislocation caused by natural disasters (flood, hurricane, etc.). Federal and state DUA benefits may be made available in the event of a flu pandemic. After September 11, the U.S. DOL did provide a six- month extension for the receipt of DUA benefits. Depending on the severity of the disaster, DOL may alter the rules at their discretion. At that time the Governor also enacted an Executive Order that impacted regular UI, Temporary Relocation Assistance (TRA) and DUA unemployment benefits. Claimants received additional weekly supplemental payments and the VEC waived the waiting period week.

Employment programs under VDSS authority are specifically targeted to assist individuals who have been approved to receive Temporary Assistance for Needy Families or Food Stamps. Typically such individuals have consistently experienced a high rate of unemployment. To

Virginia Draft Pandemic Flu Plan

continue the provision of good customer service, VDSS has identified teleworking and face-to-face customer contact as areas for further policy clarification. Program areas will review requirements and workarounds for face-to-face customer contact.

The Commonwealth does not have a state counterpart to the federal Family and Medical Leave Act. Accordingly, private-sector workers must generally rely on their own personal, annual, or sick leave from their benefits plan, any short term disability benefits offered under their employee health or benefits plans, or federal FMLA for assistance during any type of personal illness or illness in their immediate family. Not all employers are covered by FMLA and not all employees are eligible for FMLA. FMLA generally applies to employers with more than 50 employees and state, local, or federal government agencies. Also, the employee has to be eligible for FMLA, by having worked for the covered employer for the past 12 months or 1,250 hours.

VEC services may be utilized in the following ways in the event of a pandemic event:

- Economic stabilization through basic unemployment insurance benefits
- Written and on-line information on employment services, job referral, job development, employer information
- Rapid Response Coordination and customized services consolidation based upon need
- Disaster Unemployment Insurance Benefits and Extended UI Benefits when deemed appropriate by DOL
- Referral to support resources
- Partnership brokering
- Outreach to local, state and federal government and agencies
- Crisis counseling, counseling referral
- Shelter referral
- Locations for group sessions on services.

Communication assistance and resource brokering may be available through the VEC. The VEC operates two Customer Contact Centers (CCC) that possess state-of-the-art communication technologies. In addition to calling trees, the auto attendant at each CCC is setup to handle emergency situations, using a recording that can be placed remotely or onsite. Presently, these recordings are used by the CCC leadership to inform staff of CCC delayed openings or closures. The VEC can utilize this technology statewide by recording whatever message that needs to be placed there and making the number available to the appropriate parties. Instead of customers, local, state and federal officials calling local offices or multiple offices within the Central Office we can direct them to a central number to obtain information regarding our current situation as it relates to any catastrophic event.

The Senior Advisor for Workforce will initiate the Coordinated Economic Relief Centers (CERCs) in coordination with the Secretary of Commerce and Trade and the Virginia Employment Commission. The CERCs would be mobilized through the One Stop Workforce Service Delivery Centers that are located throughout the state funded by the Workforce

Virginia Draft Pandemic Flu Plan

Investment Act. There are 68 One Stops, which can provide information and referrals to a myriad of government services. The CERCs are an emergency response mechanism for economic and worker dislocation. Virginia's response to the 2006 Ford Plant closure announcement in Norfolk affecting over 3,000 Ford and supplier workers and the 2006 Volvo plant downsizing announcement affecting 1,000 workers are recent examples of the CERC concept in action, where services of multiple state agencies in Virginia and North Carolina were employed to address worker needs.

Since most influenza-related closings and layoffs would be expected to be temporary in nature, the services offered would be tailored to meet the specific needs of the individual workers and the employer, including information about how to access Unemployment Insurance benefits and other community services. The team would also work closely with their Federal Department of Labor (DOL) partners and One-Stop Shop Centers to ensure that information is available on all appropriate services. The DOL Regional Administrator would be contacted to facilitate assistance as appropriate. While employment-related services are usually the focal point of employer/employee briefings, team members could also provide valuable contact information on community health services for workers and their family members. The One-Stops would also work closely with the rapid response teams at the VEC. Because the regional Rapid Response Managers specialize in being catalysts to mobilize community resources, they can easily help to facilitate community meetings where partner agencies are available to provide a multitude of valuable services to the impacted workers.

The Workforce Investment Act (WIA) One Stop services may be utilized in the following ways in the event of a pandemic event:

- Written and on-line information about the One Stops
- Support services
- Partnership brokering
- Outreach to local, state and federal resources
- Outreach to faith-based and community-based organizations

One Stop Centers can also facilitate the provision of useful information and assistance can be provided through "211" operators. 211 is a new service that the Governor kicked off last year. It is managed by DSS and contracted out. It works like 911 in that when citizens call, they can ask questions about almost anything that they may need help with in Virginia.

An updated list of resources, which addresses the method to communicate the resources to the workers/employers, and the process to work with federal and local officials should there be widespread worker absences and/or lay-offs, is attached below.

Virginia Draft Pandemic Flu Plan

VA LWIA Contact Info

Local Workforce Investment Area (LWIA)	LWIB Director	Additional Contact	Street	City	State	Zip Code	Numbers	E-mail
I Southwest VA-Counties of Buchanan, Dickenson, Lee, Russell, Scott, Tazewell & Wise. City of Norton Add Address for Leslie Peterson: Leslie Peterson, Director of Operations, Partner Chmura Economics & Analytics 1309 E. Cary Street, Richmond, VA 23219	Leslie Peterson, Interim Staff		Post Office Box 2439 318 Clinch Mtn. Ave.	Lebanon	VA	24266	276-883-4034-p 276-883-4036-f	leslie.peterson@chmuraecon.com
II New River/Mt. Rogers-Counties of Pulaski, Montgomery, Giles, Floyd, Bland, Wythe, Carroll, Grayson, Washington & Smyth. Cities of Galax, Radford & Bristol	Ronnie Martin		6580 Valley Center Drive, Suite 119	Radford	VA	24141	540-633-6764-p 540-633-2502-f	rmartin@nrvc.org
III Western VA-Counties of Allegany, Botetourt, Craig, Franklin & Roanoke. Cities of Covington, Roanoke & Salem	Doloris Vest, President		108 N. Jefferson Street, Suite 809	Roanoke	VA	24016	540-767-6149-p 540-767-6084-f	doloris.vest@education.edu
IV Shenandoah Valley-Counties of Augusta, Bath, Clarke, Frederick, Highland, Page, Rockbridge, Rockingham, Shenandoah and Warren. Cities of Buena Vista, Harrisonburg, Lexington, Staunton, Waynesboro, and Winchester	Bob Satterwhite		Post Office Box 869 1909-A East Market St.	Harrisonburg	VA	22803	540-442-7134-p 540-434-0803-f	satterwhite@valleyworkforce.com
VI Piedmont Workforce Network -Counties of Culpeper, Fauquier, Madison, Orange, Rappahannock, Albemarle, Fluvanna, Greene, Louisa & Nelson, City of Charlottesville	Todd Palmquist	Heather Foor, ext. 240	Post Office Box 1505 401 East Water Street	Charlottesville	VA	22902	434-979-7310-p 434-979-1597-f	tpalmquist@tjpd.org hfoor@tjpd.org
VII Region 2000/Central VA-Counties of Amherst, Appomattox, Bedford & Campbell. Cities of Bedford & Lynchburg	Danny Inge		Post Office Box 212 915 Main St., Ste 303	Lynchburg	VA	24572	434-845-1932-p 434-845-3493-f	dinge@region2000.org
VIII South Central-Counties of Brunswick, Halifax, Mecklenburg, Amelia, Buckingham, Charlotte, Cumberland, Lunenburg, Nottoway & Prince Edward	Debra Crowder		270 David Bruce Avenue, PO Box 580	Charlotte Court House	VA	23923	434-542-5871-p 434-542-5874-f	dcrowder@pure.net
IX Capital Area-Counties of Charles City, Chesterfield, Goochland, Hanover, Henrico, New Kent & Powhatan	Rosalyn Key-Tiller		5410 Williamsburg Road	Sandston	VA	23150	804-226-1941-p 804-236-0503-f	key@co.henrico.va.us
X City of Richmond-City of Richmond	Gary Fletcher	Pat King	201 West Broad Street , Suite 100	Richmond	VA	23220	804-780-4146-p 804-780-4177-f	gffletcher@tdc-usa.org
XI Northern VA-Counties of Fairfax, Prince William & Loudon. Cities of Fairfax, Falls Church, Manassas & Manassas Park	David A. Hunn	Dai Nguyen	8300 Boone Boulevard, Suite 450	Vienna	VA	22182- 2633	703-752-1606-p 703-752-1609-f	david.hunn@myskillsresource.org
XII Alexandria/Arlington-County of Arlington & City of Alexandria	Carla Leap		3033 Wilson Blvd, Ste 400-B	Arlington	VA	22201	703-228-1447-p 703-228-1170-f	cleap@arlingtonva.us
XIII Bay Consortium-Counties of Accomack, Caroline, Essex, King William, King George, King & Queen, Lancaster, Matthews, Middlesex, Northampton, Northumberland, Richmond, Spotsylvania, Stafford & Westmoreland. City of Fredericksburg	Mike D. Jenkins		Post Office Box 1117 457 Main Street	Warsaw	VA	22572	804-333-4048-p 804-333-6378-f	mjenkins@crosslink.net

Virginia Draft Pandemic Flu Plan

XIV	Greater Peninsula-Counties of Gloucester, James City & York. Cities of Hampton, Newport News, Poquoson & Williamsburg	William Mann		11834 Canon Blvd., Suite M	Newport News	VA	23606	757-240-4000-p 757-240-4010-f	wmann@nngov.com
XV	Crater Area-Counties of Dinwiddie, Greensville, Prince George, Surry & Sussex. Cities of Colonial Heights, Emporia, Hopewell & Petersburg	Levin C. Sullivan		114 North Union Street, Ste A	Petersburg	VA	23803	804-732-7053-p 804-732-6668-f 866-270-9183 toll free	lc@learntoearn.org
XVI	Hampton Roads-Counties of Isle of Wight & Southampton. Cities of Chesapeake, Franklin, Norfolk, Portsmouth, Suffolk & Virginia Beach	Judy Begland, Pres & CEO		500 East Plume Street Suite 700	Norfolk	VA	23510	757-314-2370-p 757-622-0944-f	jbegland@oihr.org
XVII	West Piedmont-Counties of Henry, Patrick & Pittsylvania. Cities of Danville & Martinsville	Anne Adams, Interim Director	Lori Strumpf	Post Office Box 4043 914 Brookdale Road	Martinsville	VA	24115	276-656-6190-p 276-656-6092-f	aadams17@earthlink.net , or strumpfctr@aol.com

Appendix 4

HUMAN RESOURCE MANAGEMENT**MISSION**

This annex provides human resource management guidance for all executive branch agencies and the State Emergency Coordinator in the event of pandemic illness. The Department of Human Resource Management's (DHRM) role is to ensure that human capital plans and policies are responsive to the business needs and operational strategies of agencies, promote the continuity of services to the citizens of the Commonwealth, and support the Commonwealth's emergency management response and recovery operation.

ORGANIZATION

§2.2-1200 of the Code of Virginia authorizes the Director of the Department of Human Resource Management, under the direction and control of the Governor, to exercise such powers and perform such duties as are delegated to him by the Governor or conferred or imposed upon him by law and perform such other duties as may be required by the Governor. The Director develops state human resource policies and, after approval by the Governor, disseminates and interprets state personnel policies and procedures to all agencies. The Director has the final authority to establish and interpret human resource policies and procedures and to ensure full compliance with such policies.

Executive Order 4 (2006) delegates to the Chief of Staff the responsibility to serve as the deputy personnel officer, including the administration of the state government personnel system, except as to the responsibilities retained by the Governor. This responsibility is operationally delegated to the Director of the DHRM, who will serve as the senior human resources official during the emergency response and recovery phases. The Director will manage the administration of workforce planning, human resource policy, and employee benefits. Management consultation will be provided to all agencies. The Director will assist with the potential redeployment of staff within and across agencies and will coordinate statewide employee communication activities.

The Director will regularly consult with the Governor's Office and the State Emergency Coordinator regarding the status of staffing issues in executive branch agencies, emergency office closings, and any related workforce issues that impede the Commonwealth's ability to provide services to the public or that hinder response and recovery plans. The Director will have sufficient delegated authority to respond quickly to exceptional policy and workforce management issues and will consult with the Governor's Office on any unprecedented situations.

All executive branch agencies will be encouraged to utilize the full measure of flexibility delegated to them under state human resource policy in the management of workforce issues. Agencies must consult with the Director on extraordinary situations that may require an

exception to policy or law. Agencies must maintain documentation to support the decentralized decision-making process.

CONCEPT OF OPERATIONS

- A. Policy Administration must be flexible yet consistent. Existing human resource management policies and regulations that apply to all executive branch agencies will be applied to manage human capital in response to pandemic illness. DHRM will administer the Public Health Emergency Leave and all related human resource policies, to include application, interpretation, granting exceptions based on agency business needs, and advising the Attorney General's Office and Governor of the need for temporary waivers to existing policies or the issuance, amendment, or suspension of the provisions of the Virginia Personnel Act as required by Executive Order 4 (2006).

Key Human Resource Policies

- 4.52 Public Health Emergency Leave (See Attachment 1)
- 1.25 Hours of Work
- 1.30 Layoff
- 1.35 Emergency Closings
- 1.57 Severance Benefits
- 1.60 Standards of Conduct
- 1.61 Telecommuting
- 1.65 Temporary Work Force Reduction
- 1.70 Termination/Separation from State Service
- 1.90 Workforce Planning
- 2.05 Equal Employment Opportunity
- 2.10 Hiring
- 2.20 Types of Employment
- 3.05 Compensation
- 3.10 Compensatory Leave
- 3.15 Overtime Leave
- 4.05 Administrative Leave
- 4.10 Annual Leave
- 4.17 Emergency/Disaster Leave
- 4.20 Family and Medical Leave
- 4.25 Holidays
- 4.35 Leave Sharing
- 4.40 School Assistance and Volunteer Service Leave
- 4.45 Leave Without Pay - Conditional/Unconditional
- 4.50 Military Leave
- 4.55 Sick Leave
- 4.57 Virginia Sickness and Disability Program

- 4.60 Workers' Compensation
- 5.05 Employee Training and Development

Related Human Resource Policies

- 1.40 Performance Planning and Evaluation
- 1.45 Probationary Period
- 1.80 Workplace Violence
- 2.30 Workplace Harassment
- 6.05 Personnel Records Disclosure
- 6.10 Personnel Records Management

B. Human Capital Plans

Workforce Planning

Agency Workforce Plans are required as part of an agency's overall strategic planning process. Workforce planning is an effort to coordinate human resource management programs so that they support the strategic goals of the organization.

The focus of workforce planning is on current staffing issues as well as anticipated future staffing needs. The process involves assessing the current workforce in terms of whether or not its size is adequate, whether it is deployed effectively, and whether employees' competencies support high performance. Agencies identify employees or occupations with skill gaps or other performance problems and develop action plans to address them.

Workforce planning and COOP are related in that both require the anticipation of future staffing needs resulting either from normal turnover or emergency situations.

Staffing

Sufficient staffing will be crucial to the emergency management process. Innovative and expeditious means may be employed to achieve this objective, including the authority of executive branch agencies to re-deploy staff to other work locations. At the Governor's discretion employees may be redeployed across agencies by direct order or through the implementation of the Adjunct Emergency Workforce.

Adjunct Emergency Workforce

This supplemental staffing strategy is designed to reinforce services to citizens by closing critical gaps in staffing at emergency response team agencies during periods of extended emergencies. State employees whose primary jobs do not normally require their presence during emergencies, and who meet established job requirements, may volunteer for redeployment to emergency response teams for up to two weeks. The Director will manage

the job and employee data bank that supports this strategy and will assist VDEM in the deployment of adjunct workers.

Absence Reporting

The impact of absenteeism will be monitored on a statewide basis. DHRM will establish a system for collecting and organizing absenteeism data from all executive branch agencies and reporting results to the State Emergency Coordinator, State Health Commissioner and Governor's Office. The data will categorize the impact of absenteeism rates (moderate, severe, critical) by location to in order to expedite the decision process for state executives and public health officials.

Telecommuting and Social Distancing

The Public Health Emergency Leave Policy encourages telecommuting, alternate work schedules, and multi-shift approaches to promote social distancing. This strategy will be reinforced through frequent communication with agency human resource directors.

C. Communicating with Management and Employees

DHRM utilizes e-mail and Web-based technology as the primary framework for communicating human resource policy matters and related operational guidance to the Governor's Office, state agency executives, agency human resource directors, and employees. Meetings, conferences, and teleconferences are the secondary means of communication and occur on a regular and as-needed basis.

The Director will coordinate, on behalf of the Governor's Office, a series of employee communications designed to promote wellness, inform employees of state initiatives, and to clarify the roles, responsibilities, and expectations of all employees.

The Director will work closely with the Virginia Department of Health regarding the status of the outbreak and its impact on state agencies to determine what needs to be communicated to employees and to assess the need to modify human resource policies.

D. Essential Personnel

Agencies are responsible for the identification of mission critical functions and for designating staff as essential or non-essential as described in Policy 1.35, Emergency Closings.

E. Health Benefits Administration

DHRM's Health Benefits Administration's disaster response plan addresses operational conditions that might arise during a pandemic. Incorporated into that plan are

telecommuting processes and alternative worksites to ensure that business needs and the health benefit program requirements are met. Health program vendors are required to have written, up-to-date disaster plans to respond to similar emergency situations, including back-up of claim and eligibility data to an alternate location. Internal eligibility data is also backed up, and is designated mission-critical by VITA. In the event employees are, due to pandemic or other disaster, unable to access the services of network providers, provisions may be made to pay out-of-network claims without penalty to participants, and payment to providers would continue at vendors' alternative claims processing locations should the need arise

F. Workers' Compensation

The State Employees Workers' Compensation Services (WCS) and its contractor will receive and handle claims arising out of a pandemic.

WCS has developed a disaster response plan to address conditions that may occur during a pandemic or other disaster. Electronic claim documentation is backed up to an alternate location on a nightly basis. Alternative worksites have been identified in the event of closure of the James Monroe Building; locations range from nearby facilities in the event of short-term closure to multi-state locations should long-term closure occur. Plans are in place to move the current workforce to the alternative locations as needed. Should we be unable to operate in Richmond for more than three days, our claims services provider under the WCS contract has agreed to move the operation to their home office in Columbus, Ohio, to ensure the retrieval of claims data and re-start of issuance of workers' compensation benefit payments within three days, well within statutory requirements. Continuity of medical bill payment is ensured by the ability to process payments remotely through multiple locations and approval is possible from any computer with internet access.

Pursuant to § 65.2-401, "Ordinary disease of life" coverage for those state employees engaged in the direct delivery of health care, or in the course of employment as emergency rescue personnel and those volunteer emergency rescue personnel referred to in § 65.2-101:

G. Human Resource Information Technology (ITech)

ITech will monitor and report on statewide absenteeism. DHRM will establish a system for collecting and organizing absenteeism data from all executive branch agencies and reporting results to the State Emergency Coordinator, State Health Commissioner and Governor's Office. The data will be categorized according to the impact of absenteeism rates (moderate, severe, critical) by location in order to expedite the decision process for state executives and public health officials. Centralized monitoring of absenteeism will begin in State 4 of the Agency Action Plan.

Attachment 1

PUBLIC HEALTH EMERGENCY LEAVE

Policy Number: 4.52

Effective: 06/10/07

APPLICATION: All state employees, including employees of agencies exempt from coverage of the Virginia Personnel Act and, as noted, wage employees.

Policy

It is the policy of the Commonwealth to protect the health of state employees and the public and to provide continuity of services to the citizens of the Commonwealth during times of pandemic illness.

Purpose

This policy permits or requires eligible employees to attend to the medical needs of self and immediate family members by providing up to 80 hours¹ of paid leave per leave year when Communicable Disease of Public Health Threat conditions as defined in Section 32.1-48.06, *et. seq* Code of Virginia, have been declared by the State Health Commissioner and Governor.

Use of this policy is intended for illness directly related to the declared communicable disease threat.

Procedures for the administration of this policy and a *sample* public health communicable disease fact sheet accompany this policy.

Authority

This policy can be partially or fully implemented upon declaration of a Communicable Disease of Public Health Threat, in anticipation of Exceptional Circumstances, or in response to a specific incident. The Director of the Department of Human Resource Management (DHRM) or his/her designee has the authority to implement all or select provisions of this policy and to grant exceptions on an agency-by-agency basis in order to ensure use in the intended manner and to meet the unique operational requirements of any situation.

Agencies should develop written plans and/or procedures consistent with this policy to address employee communication and unique staffing and business needs.

¹ *80 hours of paid leave is consistent with paid leave available to eligible employees under Policy 4.17, Emergency/Disaster Assistance and with the recognized duration of communicable diseases anticipated by this policy.

Colleges, universities, agencies that operate residential facilities, and those that serve as members of the Virginia Emergency Response Team (VERT) must develop supplemental plans and/or procedures that address staffing and safety and health issues unique to 24/7 operations where custodial responsibility for students, patients, residents, and inmates may necessitate extraordinary measures or where employees are directly responsible for the safety and security of Commonwealth citizens during emergencies.

The above provisions may be further defined as necessitated by public health standards and regulations.

Related DHRM Policies

- 1.35 Emergency Closings
- 1.61 Telecommuting
- 1.60 Standards of Conduct
- 1.90 Workforce Planning
- 3.05 Compensation
- 3.10 Compensatory Leave
- 3.15 Overtime Leave
- 4.10 Annual Leave
- 4.20 Family and Medical Leave
- 4.35 Leave Sharing
- 4.45 Leave Without Pay – Conditional/Unconditional
- 4.55 Sick Leave
- 4.57 Virginia Sickness and Disability Program
- 4.60 Workers' Compensation

ADMINISTRATIVE PROCEDURES

PUBLIC HEALTH EMERGENCY LEAVE

Purpose

These procedures accompany the Public Health Emergency Leave Policy and are designed to assist agencies prior to and during Exceptional Circumstances requiring the protection of employees, customers, and the public from exposure to a communicable disease and upon formal declaration of a Communicable Disease of Public Health Threat by the State Health Commissioner pursuant to Section 32.1-48.06, Code of Virginia.

A. Procedures During Exceptional Circumstances

Upon the State Health Commissioner's determination of the existence of Exceptional Circumstances relating to one or more persons within the Commonwealth who are known to have been exposed to or infected with a Communicable Disease of Public Health Threat, but prior to any formal declaration or emergency office closing decision, state agencies must apply the following procedures:

1. Agencies will remain open for business. All employees are expected to report to work as usual.
2. Agencies must review their Continuity of Operations Plans (COOP) and revise as necessary in anticipation of widespread staffing deficiencies.
3. Employees must receive a copy of the Department of Human Resource Management's (DHRM's) Public Health Emergency Leave Policy at this time unless previously provided through standard employee communication procedures.
4. DHRM Policy 1.35, Emergency Closings, requires that all employees be designated as essential or non-essential and allows the designation to be situation-specific. Employees must be reminded of their designations and related performance expectations during Exceptional Circumstances and during a declaration of Communicable Disease of Public Health Threat.
5. Agencies must communicate with employees in a clear and timely manner to ensure that employees are aware of the status of public health concerns, the agency's COOP requirements, agency efforts to reduce the spread of, or exposure to, infection, and applicable human resource policies.
6. Employees will be compensated according to established compensation policies and overtime regulations.

7. Telecommuting work agreements should be executed for employees who can work at alternative locations to further promote social distancing. Those with approved telecommuting work agreements should be encouraged to work off site to reduce the risk of exposure. Agencies must consider business needs to ensure that services to the public are not disrupted.
8. Agencies should consider expanding the use of alternate work schedules to reduce employee contact.
9. An agency may temporarily reassign employees to minimize critical staffing deficiencies. The reassignment must be consistent with employees' qualifications and training.
10. Employees who become ill prior to a formal declaration of Communicable Disease of Public Health Threat are subject to existing state leave policies. Managers should encourage these employees to use existing leave to attend to their medical needs.

B. Workplace Safety and Hygiene

Agencies are required to implement measures that reduce the spread of communicable diseases in the workplace as recommended by the Virginia Department of Health, the Centers for Disease Control, and related Workers' Compensation policies and laws. This includes, but is not limited to, the following:

1. Formally advising employees of precautionary measures that apply to the workplace and home, including the provision of community health or online resources that offer information and assistance on communicable disease prevention, respiratory manners, signs and symptoms of the disease, and when to seek medical attention.
2. Actively encouraging employees to independently take proactive steps to protect themselves and their families.
3. Making arrangements with landlords, contractors, or cleaning staff that ensure that agency offices and facilities are cleaned using techniques and cleaning agents that reduce the spread of infection.

C. Procedures Upon Declaration of a Communicable Disease of Public Health Threat

1. Upon declaration and within the period of a Communicable Disease of Public Health Threat, all employees are eligible for up to 80 hours of paid leave per leave year to attend to their own medical condition and/or to care for immediate family members residing in an Affected Area.

2. At agency discretion, wage employees may also be eligible for paid leave under these conditions. Agencies have the authority to limit the number of eligible hours to less than 80 for wage employees based on critical business needs and available funding, however paid leave may not exceed the number of work hours normally scheduled per week. For example, a wage employee who normally works twenty hours per week would only be eligible for twenty hours of paid leave due to a week-long absence. Wage employees are subject to the same leave request process as other employees. (Refer to Section D.)

D. Paid Public Health Emergency Leave

In order to qualify for paid Public Health Emergency Leave, an employee must submit the required agency leave request form to his/her immediate supervisor or to the supervisor's designee. The request should be submitted in a timely manner but must be submitted no later than the employee's return to work or upon an absence of 80 hours. Agencies should assist the employee in the completion and submission of this request.

Agencies may also stipulate that one or more of the following conditions be met in order to qualify for paid Public Health Emergency Leave:

1. The employee's primary care provider, a Public Health Official, or an Acceptable Medical Authority may be required to confirm the diagnosis of a communicable disease of public threat that requires isolation and/or medical attention for a specified period of time.
2. The employee's primary care provider, a Public Health Official, or an Acceptable Medical Authority may be required to confirm the employee's exposure to a communicable disease of public threat and recommend removal from the workplace for a specified period of time.
3. The employee's primary care provider, a Public Health Official, or an Acceptable Medical Authority may be required to confirm that an eligible member of an employee's immediate family is diagnosed with a Communicable Disease of Public Health Threat.
4. Employees may be responsible for providing written confirmation of the diagnosis and/or isolation requirements according to clinical recommendations published by the Virginia Department of Health.
5. Recovering employees whose illness and/or isolation extends beyond 80 hours must use existing leave and/or disability policies to cover the remainder of their absences. Wage employees whose illness and/or isolation extends beyond the maximum number of paid leave hours allowed by their agency will not be paid.

E. Workplace Attendance

1. Employees are expected to report to work as usual unless ill or as otherwise directed by the Governor, their Agency Head, or the State Health Commissioner. Failure to report to work or to perform assigned duties may result in disciplinary action.
2. An agency may temporarily reassign employees to minimize critical staffing deficiencies. The reassignment must be consistent with the employees' qualifications and training.

F. Illness in the Workplace

Upon declaration of a Communicable Disease of Public Health Threat, agencies should direct ill employees to leave the workplace and attend to their medical needs. Time away from the job site to comply with this directive shall be applied toward the 80 hours of pre-authorized Public Health Emergency Leave. These employees are subject to the same leave request process as all other employees. (Refer to Section D.)

An employee's refusal to leave the workplace under these circumstances may result in disciplinary action.

G. Emergency Office Closings

If the Public Health Threat requires the closing of an agency or agencies, employees will be compensated in accordance with Policy 1.35, Emergency Closings.

Glossary

Acceptable Medical Authority

Doctors of Medicine and Surgery, Hospital Interns and Residents, Physician Assistants, and Nurse Practitioners licensed to practice in Virginia by the State Boards of Medicine or Nursing.

Affected Area

Any part or the whole of the Commonwealth, which has been identified as where persons reside, or may be located, who are known to have been exposed to or infected with or who are reasonably suspected to have been exposed to or infected with a Communicable Disease of Public Health Threat.

Continuity of Operations Plan (COOP)

An emergency response plan that addresses the continuity of an agency's operations and the security of their customers and employees in the event of natural or man-made disasters or emergencies, including terrorist attacks. Executive Order 7 (2002) directed all executive branch agencies to prepare and maintain Continuity of Operations Plans.

Communicable Disease of Public Health Threat

An illness of public health significance, as determined by the State Health Commissioner in accordance with regulations of the Board of Health, caused by a specific or suspected infectious agent that may be reasonably expected or is known to be readily transmitted directly or indirectly from one individual to another and has been found to create a risk of death or significant injury or impairment as described in Section 32.1-48.06, Code of Virginia.

Designated Employees

As defined in DHRM Policy 1.35, Emergency Closings, designated employees are exempt and non-exempt employees who are required to work during an authorized closing because their positions have been designated by their agencies as essential to agency operations during emergencies. Designated employees may be required to work during times they are not regularly scheduled to work. Agencies may designate different employees as essential for different situations.

Exceptional Circumstances

When one or more persons within the Commonwealth are known or are reasonably expected to have been exposed to or infected with a Communicable Disease of Public Health Threat as described in Section 32.1-48.05, Code of Virginia.

Immediate Family Member

Immediate family includes parents, step-parents or persons who stood in place of the parent and performed parental duties and responsibilities; a spouse as defined by laws of the Commonwealth; children, including step-children, foster children, and legal wards; siblings, including step-siblings, residing within an Affected Area.

Public Health Official

Public Health physicians under the supervision and management of the State Health Commissioner who are licensed to practice medicine in the Commonwealth and have expertise in public health duties, epidemiology, sanitary science and/or environmental health, including Public Health physicians at all clinical sites administered by local health departments.

Attachment 2

INFLUENZA FACT SHEET –SEPTEMBER 2006**What is influenza?**

Influenza is commonly referred to as "the flu." It is a viral infection of the lungs. There are two main types of influenza virus, A and B. Each type includes many different strains that tend to change each year.

When does influenza occur?

Influenza occurs most often in the late fall and winter months.

Who gets influenza? How is it spread?

Anyone can get influenza, but it is most serious in the elderly, in people with chronic illnesses (such as lung disease, heart disease, cancer, or diabetes) or those with weak immune systems. Influenza spreads very easily, usually through contact with droplets from the nose and throat of an infected person during coughing and sneezing.

How soon after exposure do symptoms appear? What are the symptoms of influenza?

Symptoms usually appear 1 to 3 days after exposure. Influenza symptoms can include a sudden onset of headache, fever, chills, cough, sore throat and body aches. Diarrhea and vomiting are not common. Although most people are ill for less than a week, some people have complications and may need to be hospitalized.

How is influenza diagnosed and treated?

Some laboratory tests are available to diagnose influenza; however, doctors usually diagnose influenza from the person's symptoms. Rest, liquids and over-the-counter medicine (e.g., acetaminophen [Tylenol]) are the usual treatments. Some prescription drugs may prevent or reduce the severity of influenza. Aspirin should not be given to children with influenza because of the possibility of causing a complication called Reye syndrome.

How long can a person spread influenza?

The contagious period varies, but probably begins the day before symptoms appear and extends for a week.

Does past infection with influenza make a person immune?

Generally, no. Influenza viruses change frequently, so people who have been infected or given a flu shot in previous years may become infected with a new strain. Therefore, people need to be vaccinated (with either a shot or a nasal-spray vaccine) against influenza every year.

What are the high risk groups? What should they do?

People at increased risk for illness from influenza and who should receive vaccine each year include:

- Adults 65 years of age and older;
- Residents of nursing homes and long-term care facilities;
- People who have long-term heart or lung problems, including asthma;
- People who have kidney disease, cystic fibrosis, diabetes, anemia, cancer or weak immune systems, seizure disorder, or other medical conditions;
- Children and adolescents (aged 6 months-18 years) on long-term aspirin therapy;
- Women who will be pregnant during the influenza season; and,
- All children aged 6-59 months.

In addition, to help prevent the spread of influenza to people in high risk groups, those who live with people in a high risk group and healthcare workers who provide care to high risk patients should also receive an annual influenza shot. Depending on vaccine availability, people aged 50-64 years, and any person (greater than or equal to 6 months of age) who wishes to reduce the likelihood of becoming ill with influenza, should also receive vaccine each year.

What are other steps that can be taken to prevent the spread of flu?

Good health habits can help prevent the flu. These include covering your mouth and nose with a tissue when coughing or sneezing, washing your hands often to help protect yourself from germs, avoiding touching your eyes, nose or mouth, staying home from work, school, and errands when you are sick, and avoiding close contact with people who are sick. Antiviral medications may also be used to prevent or treat the flu – talk to your healthcare provider for more information.

Appendix 5

LAW ENFORCEMENT, PUBLIC SAFETY, AND SECURITY**MISSION**

To maintain essential public safety, security and emergency services throughout the period of an influenza pandemic outbreak.

ORGANIZATION

The Virginia State Police is responsible for providing citizens of the Commonwealth with law enforcement services and protection and promoting a safe and secure environment. The Department of Fire Programs is responsible for supporting local and regional efforts to maintain satisfactory fire protection services for the Commonwealth, including fire prevention and fire suppression. The VSP and Department of Fire Programs are structured around seven regions similar to VDEM and the Virginia Homeland Security Regions which are illustrated on page 45.

CONCEPT OF OPERATIONS*VSP*

In addition to maintaining essential law enforcement services throughout the period of an influenza pandemic outbreak, the Virginia State Police may be requested to provide additional services to include but not limited to the following:

- Providing security for the transportation and/or storage of vaccine, antivirals, and other medical supplies
- Enforcing orders of quarantine and isolation
- Preventing and responding to civil disturbances associated with the pandemic
- Assisting law enforcement agencies unable to provide essential law enforcement services due to high rates of absenteeism

To ensure the continuity of essential law enforcement services as well as maintaining the capability to support a variety of additional law enforcement needs during an influenza pandemic, the Virginia State Police developed a draft Pandemic Influenza Response Plan in December 2006. The plan includes strategies to reduce the chance of infection within the department, guidance in regard to preparing for extended home stays, and personal protective equipment. The response component is comprised of sections that address coordination and control, maintenance of essential services, and activation of contingency plans.

Recognizing that the department will have to maintain essential law enforcement functions with significantly reduced staffs, all division and unit commanders conducted a review of their

respective areas of responsibility to identify functions that can be suspended or modified at various levels of absenteeism to ensure the availability of adequate staff to sustain essential law enforcement services. The plan also reviews the legal issues associated with isolation and quarantine, as well as personnel issues.

The plan recommends cross training of staff to maintain critical functions throughout the event period; identifying and stockpiling equipment and supplies essential to supporting critical functions; and ensuring personnel understand and comply with recommended personal and workplace hygiene practices outlined in the plan.

All law enforcement taskings associated with supporting the response to and recovery from an influenza pandemic event will be coordinated through ESF 13 – Public Safety and Security, as in any other disaster event. The Virginia National Guard may be called upon to augment local and state law enforcement resources in the event of widespread civil disorder. Although additional law enforcement and security resources may be available through EMAC, the federal government, as well as the private sector, it is assumed that the level of support available from these channels will also be compromised, and therefore limited in comparison to most other types of disasters.

It is critical that private security services associated with protecting critical infrastructure and key resources throughout the Commonwealth develop the necessary plans to ensure they have the capability to carry out their responsibilities throughout the event period, which will mitigate the demand for additional public sector resources to fulfill this role. An outreach program will be developed to ensure these services have the necessary contingency plans in place to carry out their contracting responsibilities. Depending on the scope and severity of the event, consideration will also be given to using these services to support selected security functions associated with response and recovery (e.g., shelters). The Department of Criminal Justice Services maintains a database of all private-sector security services within the Commonwealth which will facilitate the implementation of this outreach initiative.

The Department will continue to work with their federal and local counterparts in the changing environment of decentralized federal-state coordination for emergency planning within the Department of Justice and associated sectors. Although it is impossible to prepare detailed step-by-step plans for every critical situation or incident that the department would assist local and federal agencies due to the ever changing variables and challenges of each incident. The Virginia State Police works efficiently and effectively with all local and federal agencies, and will continue to do so during any pandemic incident.

Department of Fire Programs

The Department of Fire Programs does not provide direct fire protection services in the Commonwealth. The department is charged with assisting localities and local fire (fire-rescue) departments to achieve and sustain satisfactory fire prevention and fire suppression capabilities through direct support for training, serving as a clearing house for information, and assisting with the provision of appropriate supplies needed to conduct local training initiatives. The Department of Fire Programs serves as an information hub for the fire service in Virginia. Information and identified needs can be forwarded to the VDFP which, in turn, will assist with dissemination and communication.

During periods in which localities may experience resource shortages, particularly in cases such as pandemic flu when personnel resources may be severely reduced, the VDFP can serve as a coordination point for allocating needed augmentation personnel to areas most severely impacted. This can be accomplished by establishing a roster or pool listing of appropriately credentialed personnel from non-impacted or lesser impacted jurisdictions to assist more severely impacted localities for pre-determined periods of time. Requests for assistance can be cross-referenced to available resources and areas in need can obtain resources when available.

Additionally, the VDFP can support local mitigation initiatives by providing and reinforcing information for transmission prevention/reduction efforts by local fire-rescue personnel thereby possibly reducing the potential need for augmentation of local resources.

The VDFP can also support local efforts to contain disease transmission by establishing regional distribution centers for appropriate disposable and nondisposable PPE (gloves, masks, gowns, etc.) as needed by local fire-rescue departments. This will reduce the travel distances required and control the potential for unnecessary personal interaction.

The VDFP maintains a valuable communications network using computer email and other media to disseminate information rapidly to subscriber users. This system can be readily expanded to include numerous other link sites as needed. Local departments as well as municipal organizations can be incorporated with minimal effort at the request of interested parties. This would facilitate wide-ranging information exchange on a continuing basis.

Appendix 6

RESOURCE SUPPORT

MISSION

To ensure the availability and timely delivery of essential resources to support emergency response and recovery operations throughout an influenza pandemic event.

ORGANIZATION

In the Virginia Emergency Operations Center, resource management is coordinated by ESF 7 – Logistics which is comprised of representatives from the Virginia Departments of Emergency Management, General Services, Corrections, Criminal Justice Services, Fire Programs, Virginia Information Technologies Agency (VITA), and State Mutual Aid Resources.

The Resource Management Section is comprised of four branches: Coordination and Planning Group, Resource Management Unit, Information Systems Unit, and the VERT Support Unit (see Attachment 1).

CONCEPT OF OPERATIONS

Request Process

In an influenza pandemic, the availability of critical resources will be compromised in varying degrees throughout all sectors. When resource needs of impacted state agencies and local governments exceed their capabilities, and all existing channels of support have been exhausted. (e.g., agency contracts, mutual aid, etc.), a request for state assistance will be made through the Virginia Emergency Operations Center. Upon receipt of a request for assistance, ESF 7 processes the request through the following stages to ascertain if the resource request can be fulfilled by any of these sources before a request is made to FEMA:

- Coordination and Planning Unit to see if item(s) are available through SMA
- VDOC liaison to see if resource is available through their system
- DGS Resource Management Unit to check availability of resource through an approved state contract
- Volunteer Donations Program
- Emergency Management Assistance Compact

Vendor Database

The Department of General Services vendor database is one of several means used to fill many of the requests for assistance submitted by localities and state agencies. The database includes a broad spectrum of equipment and supplies, as well as staging and field sites.

Facility Space Needs

If the resource request involves facility space, state-owned facilities are first evaluated and used if feasible and practical to do so. VDEM Local Support Services will assist in identifying public-/private-sector facilities available locally or regionally, as necessary. The Local Resources Guidebook includes facilities that can potentially be used to support disaster operations. The Virginia Department of General Services also assists in contracting temporary leased facilities.

All-Hazards Push Packages

To expedite the delivery of resources to an impacted area within twelve hours after an event has occurred, Resource Management has developed four types of All-Hazards Push Packages that can be modified and adapted as depending on the situation, and pre-deployed, if necessary.

Contracts

The Commonwealth is continuously developing its resource management program to ensure it has the necessary depth in personnel, resource inventories and associated supply chains to effectively manage and execute the program, and sustain support throughout the disaster event.

The Commonwealth currently has a Prime Emergency Services Contract which was renewed in April 2007 that is serviced by two large vendors. This contract covers generators, cable, pumps, hoses, fuel, catering services, personnel, and other essential items for emergency response. The contract has been expanded to enhance turn-key operations response capabilities, and to include commodities for shelter operations, base camps, and other needs.

In addition, the Commonwealth has developed and awarded the following to enhance their support capabilities further:

- Regional generator emergency services contracts, which are serviced by two firms and available to localities for use in disasters
- Regional ice contracts supported by two ice manufacturers/suppliers
- Regional water contracts serviced by two water companies

Points of Distribution (PODs)

The Commonwealth has also developed a database of Points of Distribution (PODs) in local jurisdictions throughout the Commonwealth. These PODs follow the typing recommended by USACE. The database facilitates the identification of gaps to support the POD at the local level, which allows the Commonwealth to address the gaps identified, in coordination with their local partners, before an event occurs, thereby ensuring an efficient operation. Databases have also been developed to compile Critical Infrastructure Generator information needed to support local and state agencies during events that involve power outages. This information has also been provided to the USACE for use by the Prime Power Team, if needed.

Emergency Management Assistance Contract

The capabilities of the Emergency Management Assistance Compact have also been enhanced by the following initiatives:

- Under guidance from the federal level in reference to Incident Management Teams, localities are beginning to register and certify their personnel through the Virginia Department of Fire Programs.
- EMAC Advance Team training was initiated this year. The Virginia Emergency Response Team (VERT) Logistics Section is currently cross training in order to increase the depth needed during an event that may affect manpower capabilities.

Statewide Mutual Aid

Statewide mutual aid operations have been revamped similar to the EMAC program, to include user-friendly procedures that allow for a more prompt, efficient response to resource needs within the Commonwealth.

Resource Typing

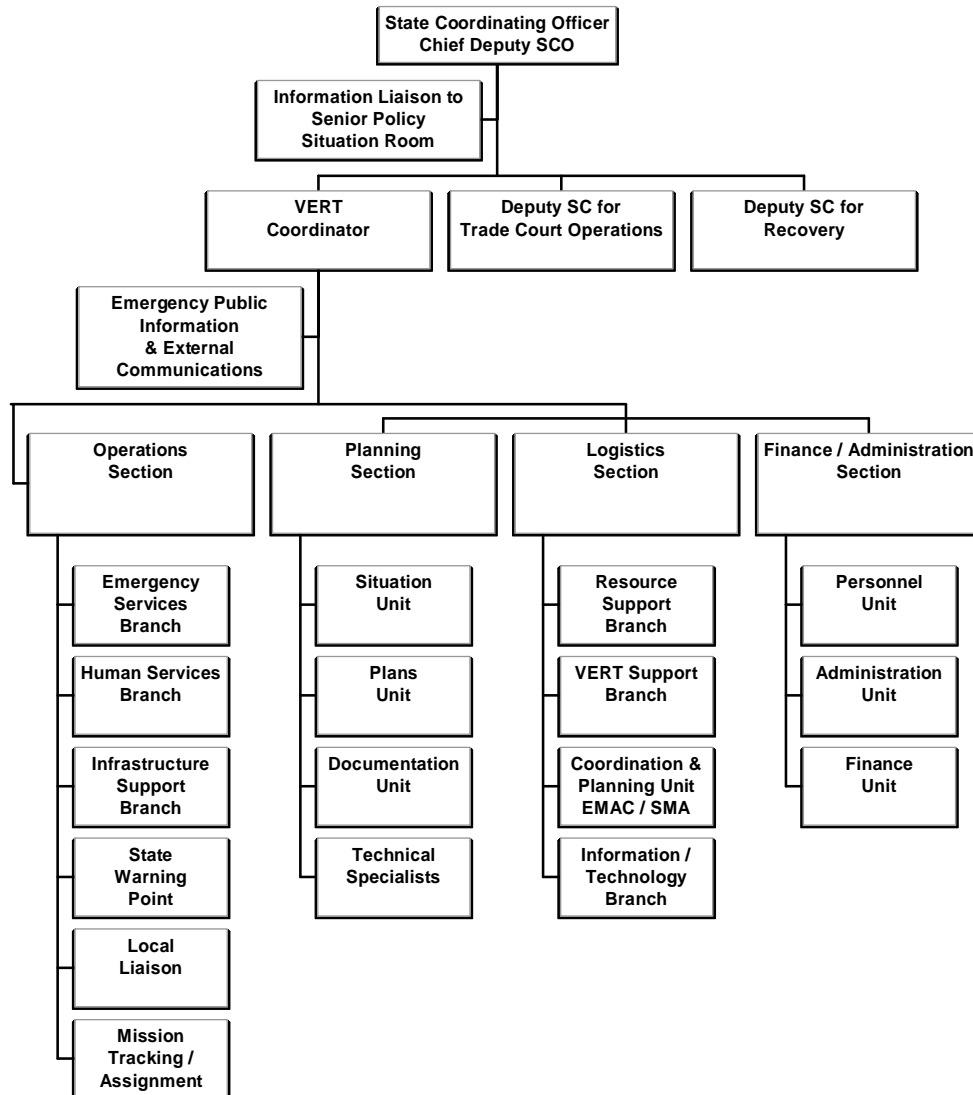
Resource typing has been ongoing by larger metropolitan areas of the Commonwealth. To assist in the development of this initiative, the VEOC has been providing assistance to smaller localities.

Private Sector Mutual Aid Agreements

Many of the Critical Infrastructure/Key Resource sectors have mutual aid agreements in place with other systems within and outside the state, which can be activated as required to support emergency response and recovery operations.

Attachment 1

RESOURCE MANAGEMENT ORGANIZATION



Appendix 7

PROTECTION OF WORKERS**MISSION**

To ensure that appropriate protective measures are developed and implemented with adequate resource support to mitigate the spread of the influenza transmission within the workplace while maintaining essential services.

ORGANIZATION

In an influenza pandemic event, the Virginia Department of Health will be working very closely with the Virginia Department of Human Resource Management and the Virginia Department of Labor and Industry to develop and disseminate the appropriate guidance for agencies to follow during all phases of an influenza pandemic event.

CONCEPT OF OPERATIONS

An influenza pandemic will have a direct impact on the Commonwealth public and private workforce unlike other types of disaster events that impact the population, property, infrastructure, and environment of a defined geographic area. This impact on the workforce will precipitate a variety of cascading effects on the delivery of essential services in all sectors.

The Governor directed all agencies to incorporate an influenza pandemic planning component into their COOP plans to ensure the provision of essential services throughout the event. To effectively accomplish this, plans must include strategies to maximize the protection of the workforce throughout all phases of the event. There are a variety of strategies that can be employed that focus on either reducing the level of contact between employees or the transmission of the disease. These strategies, if effectively employed in a coordinated and integrated fashion, will mitigate the impacts of an influenza pandemic on the workforce.

Contact Interventions

The Public Health Emergency Leave Policy, developed by the Virginia Department of Human Resource Management in coordination with the Virginia Department of Health, encourages telecommuting, alternate work schedules, and multi-shift approaches to promote social distancing. This policy, which is also referenced in the Human Resources appendix of this plan, has been explained in various forums over recent months as part of the influenza pandemic planning initiative and will continue to be reinforced through frequent communication with state agencies.

This policy is complemented by several references in the Code of Virginia that encourage the development and implementation of telecommuting and alternative workforce policies for eligible employees of state agencies to the maximum extent possible, without diminishing employee performance or service delivery. Section 2.2-2817.1, paragraph B of the Code of Virginia requires each agency to set annual percentage targets for the number of positions eligible for alternative work schedules. It states that by July 1, 2009, each state agency shall have a goal of not less than 25 percent of its eligible workforce participating in alternative workforce schedules. These policies will greatly enhance the capabilities of agencies to operate and sustain essential services throughout an influenza pandemic.

Internal agency operations will be evaluated in an effort to develop alternate methods of conducting business to minimize social contacts and travel during an influenza pandemic. Where feasible, face-to-face meetings associated with essential functions should be substituted with other alternative methods of conducting business such as conference calls, video teleconferencing, etc.

Transmission Interventions

The Virginia Department of Health developed a video as part of the Influenza Pandemic Preparedness initiative to encourage preparedness in all sectors and articulated various methods that all citizens can employ to reduce the likelihood of disease transmission in the home, the workplace and in the community. These methods, which essentially relate to practicing good hygiene, include the following:

- Wash hands frequently with soap and water.
- Cover your mouth and nose with a tissue when you cough or sneeze.
- Put tissues in a waste basket.
- Cough or sneeze into your upper sleeve if you don't have a tissue.
- Clean your hands after coughing or sneezing. Use soap and water or an alcohol-based hand cleaner.
- Stay at home if you are sick.

In addition, all agencies will ensure adequate infection control supplies are available to workers, and policies in place that require workstations to be disinfected on daily basis, or between shifts if applicable.

Every agency should identify workers that may be considered at high risk for severe and fatal infection in an influenza pandemic. Although there is no definitive list at this time, workers who are pregnant, over 65, under 65 with chronic conditions, or have compromised immune systems will likely fall into this category, and should be provided additional accommodations to reduce their exposure in the workplace, to include position reassignment.

Virginia Department of Labor and Industry, Occupational Safety and Health Program

In addition, the Commonwealth will promote the updated guidance for an influenza pandemic event recently developed by the Occupational Safety and Health Administration. This will be accomplished through the Virginia Occupational Safety and Health (VOSH) program managed by the Virginia Department of Labor and Industry. This program, which regulates all public and private sector commercial and industrial establishments, is designed to reduce risk exposure, workers compensation and health costs, and improve quality through process changes that eliminate accident-related downtime.

The Virginia Department of Labor and Industry provides a broad range of programs that promote workplace safety and health, job training opportunities, as well as excellence in employment practices. These programs are administered through four regional offices and four field offices established throughout the state. The Virginia Department of Labor and Industry, through the Virginia Occupational Safety and Health (VOSH) program, will provide technical assistance and guidance to employers in regard to an influenza pandemic based on the OSHA guidance developed.

The Commonwealth of Virginia has adopted the pandemic influenza planning guidance developed by the Occupational Safety and Health Administration, which is based upon traditional infection control and industrial hygiene practices. It should be noted that this guidance was developed principally for planning purposes and is advisory in nature. It is not a standard or a regulation, and it neither creates new legal obligations nor alters existing obligations established by OSHA or the Occupational Safety and Health Act. VOSH will encourage employers and employees to use this guidance to help identify risk levels in workplace settings, as well as develop appropriate control measures based on the nature of the work environment to include: good hygiene, cough etiquette, social distancing, the use of personal protective equipment, and staying home from work when ill.

To assist employers in determining appropriate work practices and strategies, OSHA has divided workplaces and associated operations into four risk zones, according to the likelihood of employees' occupational exposure to pandemic influenza. The OSHA risk zones are defined as follows:

- Very High Exposure Risk: Healthcare employees and healthcare or laboratory personnel collecting or handling specimens from known or suspected pandemic patients.
- High Exposure Risk: Healthcare delivery and support staff exposed to known or suspected pandemic patients; medical transport of known or suspected pandemic patients in enclosed vehicles; performing autopsies on known or suspected pandemic patients.
- Medium Exposure Risk: Employees with high-frequency contact with the general population
- Low Exposure Risk (Caution): Employees who have minimal occupational contact with the general public and other coworkers.

The Commonwealth of Virginia accepts the OSHA defined risk zones with the following modification: pathologists performing autopsies on known or suspected pandemic patients will be placed in the Very High Exposure Risk zone along with health care employees and healthcare or laboratory personnel collecting or handling specimens from known or suspected pandemic patients.

In addition to emphasizing proper hygiene and social distancing, the Virginia Department of Labor and Industry through the Virginia Occupational Safety and Health (VOSH) program, will encourage employers to use a hierarchy of controls consisting of the following:

- Engineering controls (e.g., installing sneeze guards)
- Administrative controls (e.g., discontinuation of unessential travel, employing practices to minimize face-to-face contact, developing an emergency communications plan etc.)
- Work practices (e.g., providing resources and work environment that promotes personal hygiene, encouraging employees to obtain a seasonal flu shot etc.)
- Personal protective equipment (e.g., gloves, goggles, face shields etc).

The Commonwealth of Virginia did encourage employees to obtain a seasonal flu shot this past season by making them available free through their health coverage. VOSH will provide consultation assistance to employers who request assistance in developing an effective plan to ensure a safe and healthful workplace in a pandemic event.

Appendix 8

AGRICULTURE AND FOOD

MISSION

Ensures the protection and restoration of agricultural resources, and assists local governments and other state agencies with the provision of food to disaster victims.

ORGANIZATION

Through ESF 11, the Virginia Department of Agriculture and Consumer Services supports local authorities and the efforts of other state agencies in providing food and nutrition services to disaster victims, controlling and eradicating animal and plant diseases, assuring food safety and security, and protecting natural and cultural resources related to disasters. In addition, VDACS reached out to the private sector to support a variety of planning initiatives to include the development of the following plans: Highly Contagious Livestock and Poultry Disease Emergency Operations Plan in May 2006 and the Prevention and Rapid Response for Avian Influenza in Virginia. A Virginia Poultry Disease Task Force was established to support this initiative consisting of the Virginia Poultry Federation, the Virginia Cooperative Extension, Virginia Maryland Regional College of Veterinary Medicine, USDA APHIS, Virginia Department of Environmental Quality (VDEQ) and poultry company representatives. These plans along with the agency's Continuity of Operations Plan will provide the framework to support the needs of the agricultural sector and ensure critical functions are maintained in disaster events.

CONCEPT OF OPERATIONS

The Virginia Department of Agriculture and Consumer Services (VDACS) Continuity of Operations Plan describes how mission critical functions will be maintained with limited staff due to disasters to include Influenza Pandemic events. To ensure the safety of meat, poultry, and egg products in the event of a human influenza pandemic, critical functions have been identified and the necessary protocols developed to maintain these functions, to include cross utilization of federal inspection personnel, cross training of available state personnel, and federal laboratory and diagnostic support.

The VDACS Continuity of Operations Plan will be applied to sustain critical food safety functions in the context of an influenza pandemic, and the HHS priorities identified for this sector. A copy of the entire plan follows in Attachment 1.

Attachment 1

CONTINUITY OF OPERATIONS DURING AN EPIDEMIC

It is important to plan for providing essential services during periods of time when a large per cent of the work force is absent because of illness. The following chart addresses this situation.

As in any COOP situation communications will be vital. Personnel need to keep their supervisors aware of their health status and ability to work. Supervisors, Managers, Directors, and the Commissioners Office need to be kept informed of units' ability to perform essential services so that reassignments may be made if necessary.

DIVISION OF CONSUMER PROTECTION

PROGRAM	Office of Consumer Affairs (OCA)
OCA Mission Critical Function 1	Complaint Intake and Referral Services
Purpose	Responsible for the collection, evaluation, and investigation of referral of consumer complaints
Responsible staff	Teresa Finch Helen Rasmussen Laverne Carroll Alfred Bridger, Jr. Tiawanda L. Holt Joseph W. Boisineau James M. Wright Gregory M. Reynolds
Continuity of services with limited staff	In addition to the telephone counselors, other OCA staff has received training on the operation of the Consumer Hotline sy and can fill in as needed. Telephone counselors could also fur partially from home by telecommuting
OCA Mission Critical Function 2	Investigation of Consumer Complaints
Purpose	Responsible for the investigation of violations of the Virginia Consumer Protection Act and other assigned statutes
Responsible staff	Mike Coston Bill Fennell Alana Williams James M. Wright

	Gregory M. Reynolds Jo B. Freeman Tiawanda L. Holt Joseph W. Boisineau
Continuity of services with limited staff	In addition to staff in OCA's Investigations Unit, compliance staff in OCA's Regulatory Programs can also fulfill this responsibility. Assignment of cases can be done electronically, allowing staff to telecommute
OCA Non-critical Functions	Registration of charitable solicitation activities, sellers of prepaid legal plans, extended service contacts, health spas, and others
PROGRAM	Office of Pesticide Services (OPS)
OPS Mission Critical Function 1	Enforcement and Compliance Activities
Purpose	Responsible for (1) inspection of pesticide applicator firms, producer establishments, and marketplace outlets, (2) investigation of consumer complaints, and (3) providing technical assistance to first responders to pesticide spills and initiate investigation as needed
Responsible staff	OPS Field Inspectors Bob Bailey Barbara Elliotte Wayne Surles
Continuity of services with limited staff	Reassign available field inspectors to other geographical areas as needed
OPS Mission Critical Function 2	Applicator Certification and Business Licensing
Purpose	Responsible for (1) testing and certification of individuals wishing to become pesticide applicators, and (2) licensing of businesses in order to ensure the proper sale, distribution and application of pesticides
Responsible staff	Vickie Rengers Reba Gilliam Kathy Dictor Marshall Trammell
Continuity of services with limited staff	Require applicator testing to be done exclusively at DMV facilities. Adopt reciprocal agreement to temporarily accept pesticide applicator certification and pesticide business licenses from other states. Provide cross-training in advance of COOP activation and, if available, reassign Compliance or field staff to support registration process

OPS Mission Critical Function 3	Registration of pesticides
Purpose	Responsible for registration of pesticide products intended for sale in Virginia; responsible for processing of requests for special need registrations
Responsible staff	Registration support staff Doug Edwards Liza Fleeson Joe Dictor
Continuity of services with limited staff	Provide cross-training in advance of COOP activation and, if available, reassign compliance staff to support registration process
OPS Non-critical Functions	Training of pesticide applicators and handlers Disposal of unwanted pesticides and recycling of pesticide containers
PROGRAM	Office of Plant and Pest Services (OPPS)
OPPS Mission Critical Function 1	Plant Pest Survey and Control
Purpose	Responsible for preventing the establishment or slowing the spread of plant pests not known to occur or which are established in only a limited area
Responsible staff	Larry Nichols Tom Finn Jerry Chase OPPS Field Inspectors
Continuity of services with limited staff	Reassign available field inspectors to other geographical areas as needed and limit scope of survey activities
OPPS Mission Critical Function 2	Export Inspection and Certification
Purpose	Responsible for ensuring the marketability of Virginia's agricultural commodities by providing inspection and phytosanitary certification services for export to other states and countries
Responsible staff	Debra Martin Tom Finn Jerry Chase OPPS Field Inspectors
Continuity of services with limited staff	Reassign available field inspectors to other geographical areas as needed and coordinate inspection activities with USDA-APHIS-Plant Protection & Quarantine, and with Homeland Security-Customs & Border Protection inspectors through Bernetta Barco, USDA State Plant Health Director at 804-771-2042
OPPS Mission Critical Function 3	Plant Pathology Analysis

Purpose	Responsible for the timely and accurate analysis of samples in the Plant Pathology Laboratory for evidence of exotic plant diseases
Responsible staff	VACANT (previously Grace O'Keefe) Sarah Tobin Dana Saur (OPIS – Seed Lab)
Continuity of services with limited staff	Send samples to other federal, state, or private laboratories for analysis. Coordinate referrals to federal laboratory through Bernetta Barco, USDA State Plant Health Director at 804-771-2042
OPPS Non-critical Functions	Reduce the effects of nuisance and injurious pests Ensure continued supply of healthy pollinators Ensure continued supply of pest-free plant material, including nursery stock and vegetable plants Collect phytosanitary certificate issuance fees Register nursery growers, nursery dealers, and ginseng dealers Protect threatened or endangered plant and insects
PROGRAM	Office of Product and Industry Standards (OPIS)
OPIS Mission Critical Function 1	Agricultural Commodity Inspection Services
Purpose	Responsible for the ensuring the quality and quantity of ingredients, including any drugs, that are used in commercial feed, medicated feed and animal remedies intended for livestock
Responsible staff	Bruce Minthorne Ran Musser (FDA credentialed) Milton Hargrave OPIS Field Inspectors (FDA credentialed)
Continuity of services with limited staff	Reassign FDA-credentialed inspectors to critical area as needed; limit samples collected to the most critical formulations and feed/drug ingredients. Reassign other available inspectors as needed
OPIS Mission Critical Function 2	Agricultural Weighing Device Inspection Services
Purpose	Responsible for ensuring the accuracy of agricultural weighing devices
Responsible staff	Pete Wilson Roland Ellis Jackie Mullins Bruce Minthorne Ran Musser Milton Hargrave

	OPIS Field Inspectors
Continuity of services with limited staff	Reassign available large capacity inspectors and other weights and measures inspectors to cover identified critical regions; target only critical inspections needed by industry
OPIS Mission Critical Function 3	Testing of Seed Used in Agricultural Production
Purpose	Responsible for ensuring the purity, germination and presence of prohibited and restricted noxious weeds in agricultural seed
Responsible staff	Steve Binns Dana Saur Pam Roberts Seed Analysts
Continuity of services with limited staff	Provide cross-training in advance of COOP activation and, if available, reassign field inspectors to the laboratory to perform basic seed testing
OPIS Mission Critical Function 4	Product Registration and Business Licensing
Purpose	Responsible for ensuring that commercial feed, seed, fertilizer and lime products are appropriate labeled, registered and distributed by licensed companies
Responsible staff	Connie White Susan Surber
Continuity of services with limited staff	Provide cross-training in advance of COOP activation and, if available, reassign field inspectors to perform data entry and liaison with industry as needed; some telecommuting
OPIS Non-critical Functions	<ul style="list-style-type: none"> • Inspection of motor fuel devices and commercial weight and measure devices • Inspection of non-agricultural feed, seed, fertilizer and lime commodities • Permitting of contractor-applicators • Seed analysis of non-agricultural seeds • Collection of agricultural commodity inspection fees • Routine sampling

DIVISION OF MARKETING

PROGRAM	Fruit and Vegetable Marketing Program (FVMP)
FVMP Mission Critical Function 1	Fruit and Vegetable Marketing Services
Purpose	Responsible for issuing Virginia State Certificates, USDA Federal-State and Federal Certificates on more than 180

	different Fruits, Vegetables, Nuts and Processed Fruits and Vegetables stating compliance with U.S. Standards, USDA Marketing Orders and Agreements, Export and Import Requirements, PACA Requirements, Military Specifications, USDA Commodity Procurement Program Specifications and Wholesalers Specifications
Responsible staff	Thomas Smith (Fresh F&V) Dennis Clary (Fresh F&V) Stuart Carter (Fresh F&V) Patrice Hill (Fresh F&V) Shelton Webb (Peanuts) Jerry Gillespie (Peanuts) Kathy Hernandez (Processed Foods) Robert Jay (Processed Foods)
Continuity of services with limited staff	Temporarily assign Unit Managers to provide relief inspection to cover contract inspections and government contract purchases. Continue extended use of seasonal personnel; however this would be limited on account of USDA restrictions on licensing qualifications. Recruit any retirees capable of working. Request assistance for temporary inspectors from the USDA Fresh Products Branch. Cross-utilize and train other employees within the Division or Department. Provide limited inspections based on availability of licensed personnel.
PROGRAM	Food Distribution
Food Distribution Mission Critical Function 1	Oversight and Distribution of USDA Donated Food
Purpose	Responsible for the oversight of the USDA Donated Food Program, insuring all federal guidelines and regulations are met.
Responsible staff	Beth Beville, Administrator Tom Nations, Program Coordinator Norma Adkins, Processing Specialist Jeri Douglas-Thornton, Regional Commodity Manager Tom Moore, Regional Commodity Manager Melanie Monroe, Regional Commodity Manager Rebecca McGeorge, Regional Commodity Manager
Continuity of services with limited staff	Beth Beville would take on oversight of public and private schools and institutions. Tom Nations would take on responsibilities of program support and ordering processed

FOR OFFICIAL USE ONLY - LIMITED DISTRIBUTION

	foods. Jeri Thornton would oversee distributors and food banks. Norma Adkins would oversee processing needs. Remaining food distribution staff would fill in as needed if above staff is absent. Request assistance from USDA Food Distribution Program.
PROGRAM	Grain Inspection
Grain Inspection Mission Critical Function 1	Issue certificates necessary to export grain and soybeans.
Purpose	Responsible for issuing federal inspections certificates required to export grain and soybeans from the United States
Responsible staff	Gary Sharp Randy Sanford Henry Smith Ricky Schultz`
Continuity of services with limited staff	Temporarily reassign Randy Sanford to Chesapeake grain lab. Request USDA/GIPSA assistance to provide additional licensed inspectors. Implement double shifts in Chesapeake. Reassign Richmond based marketing staff to assist with non-inspection tasks. Hire retired grain inspectors on a temporary basis.
PROGRAM	Livestock Marketing
Livestock Marketing Mission Critical Function 1	Provide Livestock Marketing Services
Purpose	Responsible for planning, design, and implementation of activities to enhance the marketing opportunities for Virginia's livestock producers. Provide the client requested application of official USDA grade standards for all classes of livestock. Collect and disseminating market intelligence including auction prices, market data, buyer demand, producer supply, etc.
Responsible staff	Frank Graves Richmond: Richard Lloyd Northern: Randall Updike Valley: Mike Carpenter Western: John Beahm Southern: Lawson Roberts

Continuity of services with limited staff	Available staff will assess livestock marketing situation regarding national and regional issues and coordinate the dissemination of market intelligence for discussion with industry clients. Marketing activities will be coordinated with industry. Rotation of staff to cover client requests for official grading and evaluations for central location sales activities and for on-farm marketing programs. These activities and demands for man-hour resources will be supplemented with current wage employees. Market data for officially graded livestock will be collected and disseminated through current channels. Collection of market data activities at weekly auctions will be limited to availability of certified personnel.
PROGRAM	Market Intelligence
Market Intelligence Mission Critical Function 1	Provide Marketing Services
Purpose	Facilitate the marketing of Virginia agriculture and forestry products.
Responsible staff	Kent Lewis Keith Long Kelly Lowe Jim Green Phil Hickman
Continuity of services with limited staff	Maintain a core staff to respond to marketing opportunities and constraints on a minimal basis. Ensure regional marketing offices are covered by remaining staff to retrieve phone message and responding to e-mail. Reassign existing field staff as necessary to provide minimal coverage. Respond to needs for certificates of free sale with remaining Richmond staff. Monitor any critical developments with international phytosanitary requirements that may immediately impact business, seek federal help with immediate issues from USDA/Foreign Agricultural Service. Reallocate staff resources to maintain phone contact with key buyers. Assess marketing travel requirements/commitments and reallocate staff and/or cancel travel arrangements as required.
PROGRAM	Poultry and Egg Grading

Poultry and Egg Grading Mission Critical Function 1	Provide Egg Grading and Certification Services
Purpose	Responsible for providing official grading and certification services to Virginia's Poultry and Egg industry enabling processors to meet commercial and government contract requirements
Responsible staff	E. L. Knicely Tony Stover David Roach
Continuity of services with limited staff	Utilize licensed wage personnel. Require available staff to work double shifts. Request USDA/AMS Poultry Programs assistance to provide additional licensed graders. Utilize unit managers to meet service contract obligations.

Division of Animal and Food Industry Services

PROGRAM	Office of Dairy & Foods (ODF)
Dairy Services Mission Critical Function 1	Ensure the dairy industry continues to operate.
Purpose	Responsible for conducting inspections that result in permits being issued or reinstated. Collection of milk and milk product samples to reinstate permits in the short term and maintain Interstate Milk Shipper ratings and State Program Evaluations in the long term. Conduct inspections to respond to emergency situations such as fires, floods, loss of electrical power, or food safety incidents. Maintain on-call system for responding to incidents of drug residues in milk.
Responsible staff	Doug Saunders, Program Manager John Beers, Program Supervisor Donna Bonner, Regional Manager W.J. Farley, Regional Manager

Continuity of services with limited staff	<p>In order to provide critical services to issue and reinstate permits or on-call duties, supervisors could fill in for inspectors who are out or services could be assigned to inspectors in neighboring territories who are working.</p> <p>In order to provide services to maintain routine inspections and sampling, the issuance of warning and suspension letters for quality issues like bacteria, cryoscope, or somatic cells could be held up until personnel were available to work them; non-essential routine inspections could be reduced in program areas that can be stretched out without impacting clients (i.e. dip shop inspections, new equipment and facility visits, dairy product sampling, and manufactured milk and cheese inspections); sampling and inspection duties could be assigned to personnel who are working; and the milk marketing cooperatives could be asked to provide milk sample results to their dairy farms to close the gaps in Dairy Services sample collections.</p>
Dairy Services Mission Critical Function 2	Risk Communication
Purpose	Provide guidance for public messages.
Responsible Staff	Doug Saunders, Program Manager John Beers, Program Supervisor
Continuity of services with limited staff	<p>Program Manager or designated staff will develop public messages for clearance and coordination through the Director, Division of Animal and Food Industry Services and the Office of Communication and Promotions.</p> <p>Messages will address pandemic influenza issues as they relate to the safety and availability of the milk supply, and other essential dairy related issues.</p>
Dairy Services Mission Critical Function 3	Reporting procedures
Purpose	Ensure that information needed to make public health and administrative decisions is readily available.
Responsible Staff	Doug Saunders, Program Manager John Beers, Program Supervisor
Continuity of services with limited staff	Program Manager or designated staff will ensure that established daily reporting procedures are maintained to the extent possible. Reporting essential to the continued

	movement of milk supplies and to making public health decisions will be continued during significant staff shortages.
Food Safety & Security Program Mission Critical Function 1	Food Establishment Inspections.
Purpose	Responsible for conducting high risk food establishment and compliance follow-up inspections and FDA contract inspections.
Responsible staff	Doug Saunders, Program Manager Ryan Davis, Program Supervisor Pam Miles, Regional Manager VACANT, Regional Manager (previously Bud Anderson) Rick Barham, Regional Manager
Continuity of services with limited staff	Inspections would be addressed by Food Safety Specialists in the appropriate territory or by Food Safety Specialists from neighboring territories if necessary. If there are high numbers of absences within certain regions, temporary relocation of Food Safety Specialists is an option. Assistance from certain Health Department localities could be employed when and where necessary. Additionally, supervisory personnel can be shifted to field activities if manpower is severely limited. Routine inspections of low risk establishments would be delayed until additional manpower resources were available. More severe manpower shortages may require conducting compliance or follow-up inspections only.
Food Safety & Security Program Critical Function 2	Sampling of food products and dietary supplements.
Purpose	Responsible for collecting samples relating to conditions or concerns noted by Food Safety Specialists at food establishments, resulting from consumer complaints, and during a foodborne illness or trace back investigation.
Responsible staff	Doug Saunders, Program Manager Ryan Davis, Program Supervisor Pam Miles, Regional Manager VACANT, Regional Manager (previously Bud Anderson) Rick Barham, Regional Manager
Continuity of services with limited staff	Sampling would be handled by Food Safety Specialists in territories neighboring those where employees are absent. Some sampling responsibilities may be shifted to the Food & Drug Administration for food processors.

Food Safety & Security Program Critical Function 3	Consumer complaints.
Purpose	Responsible for handling all high priority complaints requiring an investigation.
Responsible staff	Doug Saunders, Program Manager Ryan Davis, Program Supervisor Pam Miles, Regional Manager VACANT, Regional Manager (previously Bud Anderson) Rick Barham, Regional Manager
Continuity of services with limited staff	Complaints would be handled by Food Safety Specialists in the appropriate territory or by Food Safety Specialists from neighboring territories. Some complaints would be handled by phone if possible. Complaints at food processors could be forwarded to the Food and Drug Administration via e-mail or phone calls if necessary. In certain instances, assistance from certain Health Department localities could be utilized. Complaints would be addressed by Food Safety Specialists from neighboring territories if necessary.
Food Safety & Security Program Critical Function 4	Foodborne illness investigations and trace backs.
Purpose	Responsible for all foodborne illness investigations and trace backs.
Responsible staff	Doug Saunders, Program Manager Ryan Davis, Program Supervisor Pam Miles, Regional Manager VACANT, Regional Manager (previously Bud Anderson) Rick Barham, Regional Manager
Continuity of services with limited staff	All foodborne illness investigations/trace backs would be addressed as soon as possible. These investigations/trace backs would be handled by the Food Safety Specialist in the appropriate territory or by Food Safety Specialists from neighboring territories if necessary. Temporary relocation of Food Safety Specialists is an option if investigation/trace back activities require additional manpower resources. Assistance from certain Health Department localities or the Food and Drug Administration could be employed when and where necessary. Supervisory personnel can be shifted to field activities if manpower is severely limited.
Food Safety & Security Program Critical Function 5	Disaster and Emergency Situations.
Purpose	Responsible for responding to all disaster or emergency

	situations.
Responsible staff	Doug Saunders, Program Manager Ryan Davis, Program Supervisor Pam Miles, Regional Manager VACANT, Regional Manager (previously Bud Anderson) Rick Barham, Regional Manager
Continuity of services with limited staff	Disasters or emergency situations would be addressed by Food Safety Specialists in the appropriate territory or by Food Safety Specialists from neighboring territories if necessary. The Food and Drug Administration may be requested to participate in the investigation if called for. If there are high numbers of absences within certain regions, temporary relocation of Food Safety Specialists is also an option.
Food Safety & Security Program Critical Function 6	Risk Communication
Purpose	Provide guidance for public messages.
Responsible staff	Doug Saunders, Program Manager Ryan Davis, Program Supervisor
Continuity of services with limited staff	Program Manager or designated staff will develop public messages for clearance and coordination through the Director, Division of Animal and Food Industry Services and the Office of Communication and Promotions. Messages will address pandemic influenza issues as they relate to the safety and availability of the food supply, and other essential food related issues.
Food Safety & Security Program Critical Function 7	Reported procedures
Purpose	Ensure that information needed to make public health and administrative decisions is readily available.
Responsible staff	Doug Saunders, Program Manager Ryan Davis, Program Supervisor
Continuity of services with limited staff	Program Manager designated staff will ensure that established daily reporting procedures are maintained to the extent possible. Reporting essential to the continued movement of food supplies and to making public health decisions will be continued during significant staff shortages.
Food Safety & Security Program Critical Function 8	Interface with FDA's Federal State Relations
Purpose	Communicate with key subject matter personnel regarding

	food issues.
Responsible staff	Doug Saunders, Program Manager Ryan Davis, Program Supervisor
Continuity of services with limited staff	Employees will contact their supervisors to resolve food issues. The Program Manager will contact FDA as necessary. FDA – Federal State Relations Richard H. Barnes Phone (301) 827-2905 Fax – (301) 443-2143 Richard.Barnes@fda.hhs.gov 24 Hour Emergency Contact Number (301) 443-1240
PROGRAM	Office of Laboratory Services (OLS)
OLS Mission Critical Function 1	Diagnostic Laboratory Services.
Purpose	Performs diagnostic, surveillance, and regulatory testing of livestock, exotic and companion animals, raw milk, meat and poultry products.
Responsible staff	Joe Garvin Mary Lynn Rowland David Brown Susan Gardner Barry Dawkins Karl Magura
Continuity of services with limited staff	<p>**One important note to remember in the event of an H5N1 avian influenza pandemic situation: In addition to trying to figure out how to continue responsibilities, it is assumed that a large portion of OLS energies will be devoted solely to surveillance testing and diagnostic work directed against H5N1 in birds and mammals. So in the event of that type of an outbreak, one assumes that instead of (for example) dairy testing or brucellosis serology or any other type of testing being performed, all laboratory personnel who can will be involved in processing samples and testing of samples for avian influenza- by serology, polymerase chain reaction, or necropsy. In the event of an avian influenza pandemic, it seems that in this scenario the designation of “critical” vs. “non-critical” would have little meaning- <u>all other work except avian influenza diagnostics would be non-critical.</u>**</p> <p>For the purposes of this exercise, however, each regional animal health laboratory can be thought of to perform a</p>

	<p>similar range of testing, so the types of testing within OLS and within each facility can be broken down into the following broad categories (or “job functions”):</p> <ul style="list-style-type: none"> Necropsy Serology Dairy and Food Safety Testing Microbiology Support <p>Each of these areas is important in its own right, for different reasons, and each would be affected in different ways by a 40% reduction in workforce. Some of the work could be shipped to another RAHL or referral laboratory, other work could not and would have to be abandoned due to staffing shortages. Having 5 regional animal health laboratories which all do similar types of testing and have personnel who are cross-trained greatly increases VDACS’ flexibility during a crisis. In most cases, some of the workload can be shifted to another location or resources shared. In all instances, however, changes in testing (shipment to a referral lab, increase in turnaround time, etc.) will have detrimental effects on laboratory clients to one degree or another. These changes therefore would only be advantageous in an emergency situation.</p>
OLS Mission Critical Function 2	Necropsy and Pathology.
Purpose	Perform post-mortem examinations of animals submitted from veterinarians and animal owners. Work is done for disease surveillance purposes, as well as diagnostic work in individual cases. This also includes the examination of histopathology slides by the VDACS pathologist.
Responsible staff	David Brown Gabriel Meza Barry Dawkins Karl Magura Susan Gardner Lisa Crofton Joe Garvin
Continuity of services with limited staff	Necropsy options include: a. Have client deliver necropsy to another laboratory where services are available, b. Move OLS staff to location to perform work (unlikely due to

	assumed staffing shortages everywhere), c. Utilize VDACS OVS and/or OMPS veterinary staff, d. Abandon service (animals cannot be safely or reasonably shipped). In the absence of the pathologist, slides would be shipped from the Virginia Maryland Regional College of Veterinary Medicine (where they are prepared) to Dr. Jerry Quance of Frederick, MD (301-695-9573) or a referral laboratory such as the Animal Disease Diagnostic Center- Cornell University (607-253-3900), or Rollins Laboratory, Raleigh NC (919-733-3986).
OLS Mission Critical Function 3	Serology.
Purpose	Testing of animal serum for antibodies or other evidence of disease agents. Testing is done for disease surveillance, diagnostic and regulatory purposes.
Responsible staff	<p>Amie Shepard Lynn Young Christine Wassenaar Melinda Stuart Ruby Watson Sheila Holsinger Karen Burris Liz Craig Clayton Baker Richard Sexton Deitria Bache-Shumate Lisa Ramsey Shelley O'Brien Ann Coghill Kelly Dietz Julie Killian Anne Magee Ron Kirkland Jeff Hall Michelle Woods Barbara Hartlage</p>
Continuity of services with limited staff	Most serology testing can be processed in large volumes, and should be able to be done in house, albeit with a longer turnaround time. All of the OLS Microbiologists are cross-trained in multiple testing disciplines, and can be utilized for any of these categories of testing. If a particular site has trouble keeping up, samples can be easily shipped to another RAHL with adequate staffing. If all staffing is below normal, samples can be shipped from one referral laboratory

	to another.
OLS Mission Critical Function 4	Food Safety and Dairy Testing.
Purpose	Testing of dairy and food products for (mostly) regulatory purposes.
Responsible staff	Clayton Baker Deitria Bache-Shumate Kelly Dietz Ann Coghill Anne Magee Barbara Hartlage Amie Shepard Lynn Young Christine Wassenaar Melinda Stuart Ruby Watson Sheila Holsinger Karen Burris Liz Craig Richard Sexton Lisa Ramsey Shelley O'Brien Ann Coghill Julie Killian Ron Kirkland Jeff Hall Michelle Woods
Continuity of services with limited staff	Most of the food safety and dairy testing done is for regulatory requirements, and cessation of such testing would have negative impacts on other regulatory portions of VDACS (ODF, OMPS) as well as private industry. In addition, many of the samples need to be tested within a defined period of time after collection, making long distance shipping of samples more difficult. Strategies would include: a. Continuing to offer these services in house, while shipping serology samples out to another RAHL or a referral laboratory, b. If the shortage is in only one or two locations, these samples can be redirected to be shipped to another RAHL.
OLS Mission Critical Function 5	Microbiology.
Purpose	Regulatory and diagnostic bacteriology, parasitology,

	polymerase chain reaction testing and other microbiological testing.
Responsible staff	<p>Liz Craig Michelle Woods Shelley O'Brien Julie Killian Amie Shepard Lynn Young Christine Wassenaar Melinda Stuart Ruby Watson Sheila Holsinger Karen Burris Clayton Baker Richard Sexton Deitria Bache-Shumate Lisa Ramsey Ann Coghill Kelly Dietz Anne Magee Ron Kirkland Jeff Hall Barbara Hartlage</p>
Continuity of services with limited staff	<p>Some of this testing can be shipped to another RAHL or reference lab (see above) if necessary. In the event of a personnel shortage, emphasis can be placed on regulatory testing (for instance, CEM testing on imported horses in quarantine, Johnne's program culture and PCR testing, etc.), but the diagnostic work for clients is extremely critical as well. Microbiology serves as surveillance for deadly bacterial diseases not only found in the animal population, but also zoonotic disease threats such as anthrax or tularemia. Strategies for continuity of services would include, as above: a. Continuing to offer these services in house, while shipping serology samples out to another RAHL or a referral laboratory, b. If the shortage is in only one or two locations, these samples can be redirected to be shipped to another RAHL.</p>
OLS Mission Critical Function 6	Support.
Purpose	<p>Support functions of the first four job functions above, including shipping, packaging, clerical and public service support, ordering of supplies, dissemination of results to submitters, accessioning new cases, handling billing and</p>

	payments, etc.
Responsible staff	Fay Airey Shirley Kimble Aleta Kimble Wanda Peters Barry Colwell Susan Brown Debbie Kline Tammy Adams Ellen Guess Nancy Dixon Julie Umberger Patricia Billings
Continuity of services with limited staff	Most testing functions cannot be performed for any length of time whatsoever without support staff. In the event of a 40% reduction in workforce, all existing personnel in the RAHL can perform necessary functions. Shipment of some samples (in particular serology) could help stretch personnel and free them up for more critical tasks. In particular, the accessioning of cases, reporting of results, proper billing to clients and ordering of testing supplies are activities without which the laboratory cannot function. None of these activities, with the possible exception of ordering supplies through eVA, could be done remotely.
PROGRAM	Office of Meat & Poultry Services (OMPS)
OMPS Mission Critical Function 1	Slaughter Inspection.
Purpose	Responsible for performing ante and post mortem inspection which is essential to slaughter plant operation.
Responsible staff	Richard Hackenbracht, DVM - Program Manager Richard Rhoades, DVM – Staff Veterinarian Barry Jones – Western Region Manager Jackie Teter – Eastern Region Manager Gary Milton – Team Leader Kenneth Burt – Team Leader Brenda Watson – Team Leader Gerald Bean – Team Leader Inspectors
Continuity of services with limited staff	Scheduling of inspectors is a Regional Office function done by Team Leaders Bean, Watson, Milton, and Burt. Slaughter inspection is the first priority and inspectors are assigned to assure coverage. Assignments are coordinated with need.

	Process assignments are doubled and supervisors also assigned in shortage situations. Assistance from USDA/FSIS may be considered.
OMPS Mission Critical Function 2	Daily inspection of meat and poultry processing plants for food safety purposes and to meet FSIS mandate.
Purpose	Perform food safety related inspections.
Responsible staff	Richard Hackenbracht, DVM – Program Manager Richard Rhoades, DVM – Staff Veterinarian Barry Jones – Western Region Manager Jackie Teter – Eastern Region Manager Gary Milton – Team Leader Kenneth Burt – Team Leader Brenda Watson – Team Leader Gerald Bean – Team Leader Inspectors
Continuity of services with limited staff	Assignments combined and supervisors used to augment assignments. In emergencies it is acceptable to OMPS and FSIS to assign on a risk basis which may result in less than daily inspection. Assignments are coordinated with needs which may be reduced in emergencies.
OMPS Mission Critical Function 3	Communicate operational status of inspected establishments thru USDA FSIS web-based reporting system.
Purpose	Ensure that the number, type and location of operating establishments can be readily determined.
Responsible staff	Barry Jones Jackie Teter
Continuity of services with limited staff	Team leaders report directly to the Program Manager or designated staff on the status of plants. Information will be compiled and reported to FSIS.
OMPS Mission Critical Function 4	Risk Communications
Purpose	Provide guidance for public messages
Responsible staff	Richard Hackenbracht, DVM
Continuity of services with limited staff	Program Manager or designated staff will develop public messages for clearance and coordination through the Director, Division of Animal and Food Industry Services and the Office of Communication and Promotions.

	Messages will address pandemic influenza issues at they relate to the safety and availability of the meat and poultry supply, and other essential meat and poultry related issues.
OMPS Mission Critical Function 5	Reporting procedures
Purpose	Ensure that information needed to make public health and administrative decisions is readily available.
Responsible staff	Richard Hackenbracht, DVM
Continuity of services with limited staff	Program Manager or designated staff will ensure that established daily reporting procedures are maintained to the extent possible. Reporting essential to the continued movement of meat and poultry supplies and to making public health decisions will be continued during significant staff shortages.
OMPS Mission Critical Function 6	Interface with USDA's Federal State Relations
Purpose	Communicate with key subject matter personnel regarding meat and poultry issues
Responsible staff	Richard Hackenbracht, DVM
Continuity of services with limited staff	<ul style="list-style-type: none"> Employees will contact their supervisors to resolve meat and poultry issues. The Program Manager will contact USDA as necessary. <p>USDA – Federal State Relations Dr. Murli Prasad Phone (202) 418-8897 Fax (202) 418-8834</p>
PROGRAM	Office of Veterinary Services (OVS)
OVS Mission Critical Function 1	Animal disease prevention and control.
Purpose	Prevention and control of animal and poultry diseases of economic and public health significance.
Responsible staff	<p>Richard Wilkes, DVM David Cardin, DVM Colleen Calderwood, DVM Ron King, DVM Chris McNeill, DVM Clinton Cunningham, DVM OVS staff, field veterinarians, and livestock inspectors</p>
Continuity of services with limited	<ul style="list-style-type: none"> Request assistance from USDA/APHIS.

staff	<ul style="list-style-type: none"> • Cross utilization of veterinarians and inspectors from other VDACS Program Areas. • Bring back recent retirees as wage employees. • Foreign animal disease (FAD) investigations would continue as a critical function.
OVS Mission Critical Function 2	Maintain Virginia's disease-free status.
Purpose	Enhance the economic viability of Virginia's livestock and poultry industries through surveillance activities that maintain Virginia's disease-free status for Tuberculosis, Brucellosis, and Pseudorabies.
Responsible staff	Richard Wilkes, DVM David Cardin, DVM Ron King, DVM Chris McNeill, DVM Clinton Cunningham, DVM
Continuity of services with limited staff	Request assistance from USDA, other states, cross-utilization of veterinarians and inspectors from other VDACS Program Areas, VVMA, VA-MD Regional Veterinary College, and recent retirees.
OVS Mission Critical Function 3	Animal Industry Services, Veterinary Services.
Purpose	Regulate the import/export movement of livestock and poultry within and into the Commonwealth to protect the health of Virginia's livestock and poultry industries.
Responsible staff	Richard Wilkes, DVM David Cardin, DVM Ron King, DVM Chris McNeill, DVM Clinton Cunningham, DVM Livestock Inspectors
Continuity of services with limited staff	<ul style="list-style-type: none"> • Handle at regional level. • If clerical staff is depleted, use available wage employees, supervisory staff. • May also request assistance from VVMA, VA-MD Regional Veterinary College. • Senior staff would prepare the Russian letters.
OVS Mission Critical Function 4	Agricultural and food emergency prevention and response.
Purpose	Assist Agency Emergency Services Manager to ensure OVS staff is properly trained to respond to agricultural emergencies and disasters.
Responsible staff	Richard Wilkes, DVM David Cardin, DVM

	Joel Flores, DVM All OVS staff and field veterinarians.
Continuity of services with limited staff	This mission might not be critical in the event of a pandemic because the time for training is over and all staff would be dedicated to the pandemic response.
OVS Mission Critical Function 5	Animal welfare.
Purpose	Prevent cruelty to animals and promote humane care and treatment of animals.
Responsible staff	Richard Wilkes, DVM David Cardin, DVM Marilyn Haskell, DVM Sherry Helsel, LVT
Continuity of services with limited staff	<ul style="list-style-type: none"> • Delay inspections of pounds and shelters except in priority situations. • Continue agricultural animal cruelty/abuse investigations. • In staff shortages, use local accredited veterinarians. • Request assistance from USDA or other state animal welfare agencies.

HUMAN RESOURCES OFFICE

HRO Mission Critical Function 1	Processing Payroll Related Documents
Purpose	Ensure staff is paid.
Responsible staff	Karen Jackson Linda Cole Vickie Jones Wanda Johnson-Goodman
Continuity of services with limited staff	<p>On a short-term basis the Human Resource Office can function with existing resources at a reduced level of staff. All staff has access to the Personnel Management Information System and can enter applicable data if necessary. Data entry of transactions can be accomplished off site with an internet connection and staff can communicate with the Payroll Office via e-mail or voice mail to ensure payroll-related issues are handled efficiently and accurately.</p> <p>On a long-term basis it would be difficult to continue to function and ensure employees' pay is not impacted. Due to staff shortages throughout the agency it is likely there would be an increase in acting pay actions, overtime pay and leave without pay which would further impact our ability to maintain timely and accurate processing.</p>

HRO Mission Critical Function 2	Processing Leave and Short-Term Disability Benefits
Purpose	Ensure employee receive entitled leave and disability benefits.
Responsible staff	Karen Jackson Linda Cole Vickie Jones Wanda Johnson-Goodman
Continuity of services with limited staff	<p>On a short-term basis the Human Resource Office can function with existing resources at a reduced level of staff. Three of the four staff members have access to CIPPS for leave processing and the web-based short-term disability data. CIPPS cannot be accessed off-site without additional computer configurations and software. Short-term disability benefits can be accomplished off-site with an internet connection and staff can communicate with UnumProvident, the disability provider, via e-mail or voice mail to ensure disability-related issues are handled efficiently and accurately.</p> <p>On a long-term basis it would be impossible to continue to function and ensure employees' leave and disability benefits are not impacted. Due to staff shortages throughout the agency it is likely there would be an increase in leave usage, overtime and compensatory time earnings, FMLA requests and disability claims. This additional workload would not be possible to maintain even if the Human Resource Office were fully staffed.</p>
HRO Mission Critical Function 3	Processing Benefits
Purpose	Ensure benefits processing during a peak benefit enrollment period
Responsible staff	Karen Jackson Linda Cole Vickie Jones Wanda Johnson-Goodman
Continuity of services with limited staff	On a short-term basis the Human Resource Office can function with existing resources at a reduced level of staff unless the staffing reduction occurs at a peak benefit enrollment period. In the event it is a peak enrollment period it would be difficult to communicate benefit-related information to employees as well as counsel and respond to employee inquiries, process enrollment-related paperwork

	<p>and forward applicable required documentation to employees as required by law. The Department of Human Resource Management would have to be contacted for assistance. In the event staff shortages occur during a period when open enrollment is not occurring, services could be maintained on a short-term basis. All staff has access to the Personnel Management Information System and can enter and query health insurance coverage data if necessary. Data entry of health insurance transactions can be accomplished off site with an internet connection. Access to the additional benefit information (life insurance, retirement, etc.) is somewhat limited and would be difficult to maintain even on a short-term basis.</p> <p>On a long-term basis it would be impossible to continue to function and ensure employees' benefits are not impacted. In all likelihood employees would be utilizing their health insurance and flexible spending accounts at an increased level which would increase the likelihood of claim issues which HR staff would need to provide assistance to resolve. This would put further stress on the reduced staffing level and cause a delay in services to our employees. In some cases it could result in claims being denied due to timelines not being met which would have a negative financial impact on our employees.</p>
HRO Mission Critical Function 4	Processing Workers' Compensation
Purpose	Ensure employees receive timely medical care and that the agency meets legal obligations.
Responsible staff	Karen Jackson Linda Cole Vickie Jones Wanda Johnson-Goodman
Continuity of services with limited staff	<p>On a short term basis the Human Resource Office can function with existing resources at a reduced level of staff. Due to the complexity of workers' compensation and the possibility of increased claims due to work related injuries/illness relating to the pandemic it would be impossible to meet the required timeline for filing claims and communicating requirements to employees on a long term basis. The Department of Human Resource Management would be contacted for assistance in meeting this requirement. Failure for the Agency to provide timely filing could result in fines and claims of negligence and failure to communicate timely with employees could impact</p>

	their claim and coordination of crucial medical care.
HRO Mission Critical Function 5	Recruitment
Purpose	Ensure the agency has adequate manpower to complete mission critical functions.
Responsible staff	Karen Jackson Linda Cole
Continuity of services with limited staff	It would be difficult to provide timely recruitment functions with existing resources at a reduced level of staff. Due to the anticipated increase of hiring wage employees to complete duties normally performed by classified employees, who are unable to work, it would be impossible to maintain timely processing. Priority would be given to emergency wage hires and recruitment related to staff turnover would be a second priority. Retirees would be contacted to fill employee vacancies on an emergency basis. Staff could also utilize contract employees to meet this staffing need; however, contract employees would not be as cost effective or provide a workforce that is as stable and reliable as a VDACS wage employee or retiree.
HRO Non-critical Functions	Other functions provided by the Human Resource Office such as classification and compensation, training, etc. would not be a priority during staff shortages and would not be performed.

OFFICE OF ADMINISTRATIVE AND FINANCIAL SERVICES

PROGRAM	Finance Office
Finance Office Mission Critical Function 1	Expenditures Processing
Purpose	To promptly and accurately pay invoices and other payments from the agency.
Responsible staff	Jennifer Cavedo Sonja Sadler Kristy McCabe Gail Stanley Corina Muse Darlene Fauntleroy Gayle Pega Elvonia Willis Whitney Berkley COE Student
Continuity of services with limited staff	Cross trained staff can work to cover most of the processing needs. However, if the severity or duration become such that Prompt Pay begins to suffer, then consideration will be given to hiring additional wage employee(s) as needed if resources are available. If resources are not available then

	the agency will have to accept lower levels of service related to timely payment.
Finance Office Mission Critical Function 2	Revenue Processing
Purpose	To promptly deposit and accurately record revenue received by the agency.
Responsible staff	Jennifer Cavedo Sonja Sadler Kristy McCabe Gail Stanley Corina Muse Darlene Fauntleroy Gayle Pega Elvonia Willis Whitney Berkley COE Student
Continuity of services with limited staff	Cross trained staff can work to cover most of the processing needs. However, if the staff shortage is severe, we will train others from outside of the Finance Office to key revenue or accept the loss of some interest. All revenue will eventually be deposited and posted.
Finance Office Mission Critical Function 3	Payroll Processing
Purpose	To record and certify payroll data to ensure timely and accurate payment of salaries and wages to employees and payments to other related parties.
Responsible staff	Jennifer Cavedo Margaret Wessells Linda Deale Sandy Adams Kristy McCabe
Continuity of services with limited staff	Payroll is extremely time and date sensitive. Extended absences by all employees except Linda Deale can be handled for some length of time. However, a short extended absence by Ms. Deale would create significant issues to ensure payroll deadlines are met in order to pay employees. In this instance we would either try to “Borrow” an employee from another agency or turn the payroll operation over to the DOA Payroll Service Bureau.
Finance Office Non-critical Functions	Preparing Correcting and Adjusting Journal Entries Monthly reconciliations Financial Reporting Debt Collection Policy Enforcement
PROGRAM	Budget Office
Budget Office Mission Critical	Budget/financial analysis and requesting changes through

Function 1	DPB
Purpose	Responsible for financial analysis and requesting changes through DPB.
Responsible staff	Craig Halbleib Sandy Adams David Hall
Continuity of services with limited staff	This function could be performed from home by connecting to a database at VITA using the statewide CARS and FATS systems. In the event staff shortage becomes too severe, help would be requested of DPB or an experienced wage employee.
Budget Office (Federal Grants) Critical Function 2	Order and receive Federal funds
Purpose	Responsible to order and receive Federal funds, by wire and check, and have Deposit Certificates keyed to pay expenses.
Responsible staff	David Hall Craig Halbleib
Continuity of services with limited staff	This function could be performed from home by connecting to a database at VITA using the statewide CARS system and having an internet line for Federal wires. We will work to cross-train an employee in the Finance Office.
Budget Office (Federal Grants) Mission Critical Function 3	Federal Financial Reporting
Purpose	Responsible for Federal financial reporting on current federal Grants and requests for future grants.
Responsible staff	David Hall Craig Halbleib
Continuity of services with limited staff	This function could be performed from home on a short term basis with email availability. The Federal Government may extend deadlines due to an emergency. Program areas responsible for financial reporting draft documents would need to take on additional responsibility.
PROGRAM	Facilities Management and Planning (FM)
FM Mission Critical Function 1	Protective Barriers
Purpose	To avoid close contact with the public and minimize human-

	to-human contact in peak phase of pandemic influenza.
Responsible staff	Larry Harris Pat Kidd Jake Jacobs Louis Garey FM Field Staff Regional DACS Staff
Continuity of services with limited staff	<ul style="list-style-type: none"> Limit ingress and egress utilizing card access and intercom systems. Activate manual lockdown procedures for facilities without card access or when systems fail. Changes to card access can be made at the Oliver Hill Building or at the Regional Level (multiple back-up). Act as point-of-contact for facility related issues at DACS leased sites. Monitor secured buildings closed during pandemic outbreak. Utilize space management procedures to separate DACS staff at each facility.
FM Mission Critical Function 2	Heating, Ventilation, Air Conditioning
Purpose	Adequately ventilate internal spaces utilizing HVAC system.
Responsible staff	Larry Harris Pat Kidd Jake Jacobs Louis Garey FM Field Staff Subcontractors (essential maintenance) Supplier of materials and services
Continuity of services with limited staff	Maintain HVAC regularly according to appropriate standard and building codes. Increase filter changes during outbreak. All Regional DACS HVAC systems can be manually changed by FM Field Staff. Systems are connected via modem access to preventive maintenance contractors with the ability to troubleshoot problems, change temperatures and air ventilation exchange rate remotely.
FM Mission Critical Function 3	Janitorial Services
Purpose	Reduce virus transmission by cleaning the environment and hard surfaces.
Responsible staff	Larry Harris Pat Kidd Jake Jacobs

	Louis Garey FM Field Staff All employees Subcontractors
Continuity of services with limited staff	Activate essential cleaning procedures and suspend normal cleaning procedures. Facility management field staff are assigned these duties. In their absence, laboratory and office staff would need to absorb these duties. Contractors would be used on a limited basis.
Advanced Planning	Ensure that workplace has adequate supplies of medical supplies, hand hygiene products, and cleaning supplies. Identify needs for personal protective equipment.
FM Mission Critical Function 4	Communications
Purpose	To ensure an effective communication network.
Responsible Staff	Larry Harris Jake Jacobs Pat Kidd Louis Garey VITA Staff Subcontractors
Continuity of Services with Limited Staff	Leverage all internal communication tools to include: Internal & external voice communication systems, conference calling, facsimile services, cell phones, Blackberries, personal digital devices, PBX, satellite phones and local area networks. FM has two primary and two alternate install and trouble reporting contacts. VITA staff will oversee LAN and VOIP connections.
Advanced Planning	Extend remote access technologies. These technologies promote telecommuting and permit employees to work at home or at alternate sites while maintaining connectivity to the headquarters network access server.
FM Mission Critical Function 5	Construction and Maintenance Reserve Projects
Purpose	To protect the capital assets of the Agency and the Commonwealth.
Responsible Staff	Larry Harris Pat Kidd Jake Jacobs Louis Garey
Continuity of services with limited staff	Available staff would continue to monitor projects. Contractors would be utilized as needed and available if staff shortage becomes severe. No new projects would be

	initialized except emergencies.
PROGRAM	Procurement & Support Services
Procurement Mission Critical Function 1	Handling of agency purchase requests
Purpose	Proper & timely processing of purchase orders – small purchases & competitive solicitations.
Responsible Staff	VACANT (previously Barb Layman) Wendell Powell Kathy Bosdell Gloria Kimball
Continuity of Services with Limited Staff	In addition to the Procurement staff, 80+ VDACS employees have been issued small purchase charge cards (SPCC) and are registered eVA users. SPCC limits can very easily be increased to the maximum of \$5000 per transaction. It is possible, in a dire emergency, to increase the limits beyond the single quote limit of \$5000, with DOA approval. Teleworking is an option for staff by altering paper purchase requisition requirements and allowing e-mail requests to suffice – personnel can retrieve e-mails and issue purchase orders in eVA with only Internet access.
Procurement Mission Critical Function 2	Mail Distribution
Purpose	Proper processing – distribution, sorting, metering, etc. of incoming and outgoing US Mail, express packages (UPS, Fed Ex), freight shipments, vendor deliveries, courier deliveries.
Responsible Staff	Charles OBerry John Lawton Keierra Lucas (COE Student) VACANT (previously Barb Layman)
Continuity of Services with Limited Staff	These functions must be completed on-site. Gloves and masks would be used to minimize the spread of disease. If staffing situations are such that we have no one available to process the mail through the postage meter, it is possible to utilize the services of the Department of General Services Central Mail unit: Ricky Otey, Manager, 804.225.3585, eric.otey@dgs.virginia.gov Daniel Wilborn, DGS Central Procurement, Mr. Otey's Supervisor, 804.786.8767, daniel.wilborn@dgs.virginia.gov Bob Gleason, DGS Central Procurement Unit Manager 804.786.0177, robert.gleason@dgs.virginia.gov

Procurement Mission Critical Function 3	Contract Administration/Management
Purpose	Contract administration ensures timely delivery of goods and services; contract management ensures accurate and proper contract renewals.
Responsible Staff	VACANT, (previously Barb Layman) Wendell Powell Kathy Bosdell Gloria Kimball
Continuity of Services with Limited Staff	Having legal and binding contracts in place protects the agency from potential gouging, etc. during times of crisis and emergencies. Procurement and agency staff can utilize appropriate state and agency contracts to quickly obtain necessary goods and services without invoking emergency and competitive solicitation procedures, adding precious time to the purchase process.
PROGRAM	INFORMATION SYSTEMS
IT Mission Critical Function 1	Application Support
Purpose	Responsible for assuring that agency applications continue to process data transactions correctly.
Responsible staff	Jerry Allgeier Paula Clem Winifred Jones Dale Revell Kim Swearengin VACANT, (previously Mike Talley) Jan Walters
Continuity of services with limited staff	Staff who are available will be able to address critical application problems that occurred and stopped the effective processing of program area transactions.
IT Mission Critical Function 2	Data Base Support
Purpose	Responsible for maintaining the availability of agency data bases for the application processes being used.
Responsible staff	Jerry Allgeier Don O'Connell Deborah Nickerson
Continuity of services with limited staff	If agency staff are not available to maintain data base availability and integrity, contract employees will be considered. However, knowledge transfer will be a

	significant, maybe insurmountable, problem.
IT Non-critical Functions	Application development, non-critical application maintenance, data base development, 'ad hoc' reporting.

STATE MILK COMMISSION (SMC)

SMC Mission Critical Function 1	Producer Pricing
Purpose	Responsible for the calculation and announcement of monthly Class I and Class II producer prices and related calculations.
Responsible staff	Edward Wilson Sharon Seymore Janet Burney
Continuity of services	In addition to the above-identified staff, other Auditor staff is in the process of being trained in this area and can provide backup as needed. Two other work sites are available.
SMC Mission Critical Function 2	Assignment of Base Production
Purpose	Responsible for the monthly calculation, assignment and communication of producer base production to licensed processing general distributors for daily delivery.
Responsible staff	Edward Wilson Sharon Seymore Janet Burney
Continuity of services	The Administrator can provide backup services, if needed, and two other work sites are available.
SMC Mission Critical Function 3	Monthly Reports of Receipts and Utilization
Purpose	Responsible for the receipt, processing, calculation and allocation of licensed processing general distributors and distributors' receipts and utilization monthly reports for the purpose of determining values of producer receipts and assessments.
Responsible staff	Edward Wilson Sharon Seymore Dirk Holcomb David Lawson Janet Burney Vicki Wagner

Continuity of services	Staff limitations of as much as 50% absenteeism would not limit the ability of staff to complete all reports by the regulatory due date. Available staff would have to work additional time beyond the normal work week schedule. All audit staff are exempt from the provisions of the Fair Labor Standards Act.
------------------------	---

OFFICE OF COMMUNICATION AND PROMOTIONS

PROGRAM	Office of Communication and Promotions (OCP)
OCP Mission Critical Function 1	Dissemination of information to the media, public, and affected industries
Purpose	To write and distribute press release and media advisories with information, updates, and status checks
Responsible staff	Elaine Lidholm Marion Horsley
Continuity of services with limited staff	We have no backups for Elaine and/or Marion.
OCP Mission Critical Function 2	Dissemination of information via the agency Web site
Purpose	To update the agency Web site with relevant information for media, public, and industry
Responsible staff	Elaine Lidholm (copywriting) Marion Horsley (copywriting) Maurcine Dalton (Web design and posting)
Continuity of services with limited staff	Jack Fox (Web posting) We could contract with an outside vendor or contact one of our previous student interns to purchase Web services if needed. By the fall of 2006, Maurcine Dalton will be set up to work from home in the event of an emergency. We have discussed an additional person to assist with Web postings, but at this point (July 2006), that is inconclusive.
OCP Mission Critical Function 3	Dissemination of information to Agency staff via the Internet
Purpose	To write and post password-protected information on the Internet for staff to access from home. Information Systems

	would handle posting on the Intranet, but not all agency staff have access to that. Therefore, we could create a password-protected site for staff only and distribute the password to those people.
Responsible staff	Elaine Lidholm (copywriting) Marion Horsley (copywriting) Maurcine Dalton (Web design and posting)
Continuity of services with limited staff	Jack Fox (Web posting) Information Systems staff (Debbie Nickerson) who work with the Intranet might be able to help with the Internet in an emergency. By the fall of 2006, Maurcine Dalton will be set up to work from home in the event of an emergency.

Appendix 9

FOREIGN DIPLOMACY

Not applicable. Virginia Fusion Center checked with State Department and was advised that Virginia did not have any diplomatic missions located with the state.